

GSRP Preschool Application

Benton Harbor – St. Joseph YMCA of Greater Michiana

2026 – 2027



Child's Name: _____

Please check your classroom preferences and rank the options 1 through 4, with 1 being your most desired option.

☐ **Monday – Thursday AM ½ day 8:45 AM – 11:45 AM**

☐ **Monday – Thursday PM ½ day 12:30 PM – 3:30 PM**

☐ **Monday – Thursday Full day 8:45 AM – 3:15 PM**

☐ **Monday – Friday Full day 8:45 AM – 3:15 PM**

**This class option is reserved for full-time working families or full-time students. Proof of full-time status must be submitted with application.*

Qualifications for GSRP:

- **Your child must be 4-years-old (but not yet 5-years-old) by September 1, 2026**

We can accept children who turn 4 between September 2 and December 1, but they can only be enrolled after September 1, if there is space available.

- **You must live in Berrien County**

Families from neighboring counties may apply, but must complete a Cross County Prior Approval form.

Each applicant will be ranked by the family's federal poverty level (FPL), and programs will enroll children in the lowest FPL brackets first. Children who are experiencing homelessness, are in foster care, have an IEP, or were previously enrolled in Strong Beginnings are prioritized regardless of income.

*Children whose household income is at or below 100% FPL, who are experiencing homelessness, or who are in foster care qualify to be served by Head Start, and must apply there first. Please contact Flowers Early Learning at flowersearlylearning.org or 1-800-792-0366. If a family qualifies for Head Start but wishes to be served by GSRP, the GSRP site must first seek approval from Head Start.

Required Documentation:

☐ **Proof of Age** Such as a birth certificate

☐ **Proof of Residency** Such as a driver's license, rent receipt, utility bill, or letter from shelter or host (if between homes)

☐ **Child Information Record**

☐ **I.E.P.** if applicable

☐ **Health Appraisal and Immunization record**

Must be completed by a medical provider, must be submitted within 30 days after the child's start date.

**These materials were developed under a grant awarded by MiLEAP*



GSRP Preschool Locations in Berrien County

Please note - acceptance into a GSRP classroom does not guarantee that you will be accepted into that school's Kindergarten or Young 5's program, you will have to follow the process or school of choice process per school.

School Districts		
Benton Harbor Area Schools Discovery Enrichment Center 465 S. McCord Street - Benton Harbor Phone - (269) 605-1601 Email - Sandra.tyler@bhas.org Website - dec.bhas.org/o/dec Full Day Program, Monday-Thursday Transportation provided within District	Benton Harbor Charter School Academy 455 Riverview Drive, Suite 1 - Benton Harbor Phone - (269) 925-3807 ext. 164 Email - nicoleale@choiceschools.com Website - www.bentonharborcharter.com Full Day Program, Monday-Thursday Transportation provided within District	Berrien Springs Public Schools 430 W. Mars Street - Berrien Springs Phone - (269) 473-0703 Email - jwallace@homeoftheshamrocks.org or csheerman@homeoftheshamrocks.org Half Day Program, Monday-Thursday Full Day Program, Monday-Thursday Transportation provided within District
Brandywine Community Schools 1620 LaSalle Ave. - Niles Phone - (269) 684-6511 Email - mhigh@brandywineboccats.org Website - www.brandywineboccats.org Full Day Program, Monday-Thursday	Buchanan Community Schools 109 Ottawa St. - Buchanan Phone - (269) 695-8409 Email - ejohnson@buchananschools.com Website - www.buchananschools.com Full Day Program, Monday-Thursday Transportation provided within District	Coloma Community Schools 262 S. West Street - Coloma Phone - (269) 468-2424 Email - rpounders@ccs.coloma.org Website - ces.coloma.org Extended Week Program, Monday-Friday Transportation provided within District
Countryside Academy 4722 Meadowbrook Road - Benton Harbor Phone - (269) 944-3319 ext. 219 Email - mbeckmann@countrysideacademy.org Website - www.countrysideacademy.org Full Day Program, Monday-Thursday Transportation provided within District	Eau Claire Public Schools 6238 West Main Street - Eau Claire Phone - (269) 461-6191 Email - jrumsey@eauclaireps.com Website - eauclaireps.com Full Day Program, Monday-Thursday Transportation provided within District	Watervliet Public Schools 287 Baldwin Ave. - Watervliet Phone - (269) 463-0820 Email - twilliams@watervlietps.org Website - www.watervlietps.org Full Day Program, Monday-Thursday

Community Based Organizations		
The Blessed Noah's Ark Day Care 1844 Colfax Ave. - Benton Harbor Phone - (269) 252-5112 Email - tywishamurphy22@gmail.com Full Day Program, Monday-Thursday Transportation provided	The Children's Center - Niles 210 Main Street - Niles Phone - (269) 683-0405 Email - kelsey@weloveourfamilies.com Website - www.thechildrenscenterinc.com/preschool2.html Full Day Program, Monday-Thursday	The Children's Center - Peace Boulevard 219 Peace Blvd - St. Joseph Phone - (269) 683-0405 Email - kelsey@weloveourfamilies.com Website - www.thechildrenscenterinc.com/preschool2.html Full Day Program, Monday-Thursday
Immanuel EC Development Center 9650 Church Street - Bridgman Phone - (269) 465-6031 ext. 114 Email - barba@immanuelbridgman.org Full Day Program, Monday-Thursday	Lylabugs & Buttons 1924 Territorial Road - Benton Harbor Phone - (269) 256-1677 Email - Lylabuttons@yahoo.com Full Day Program, Monday-Thursday Transportation provided	Montessori Children's Center 1000 Miners Road - St. Joseph Phone - (269) 256-4456 Email - kelsey@weloveourfamilies.com Website - montessorichildrenscenter.com/ Extended Week Program, Monday-Friday
Stevensville United Methodist Children's Center 5506 Ridge Road - Stevensville Phone - (269) 429-1069 Email - director2.sumcc@gmail.com Full Day Program, Monday-Thursday	Trinity Lutheran - Berrien Springs 9123 George Avenue - Berrien Springs Phone - (269) 473-1811 Email - school@trinityberrien.org Website - www.trinityberrien.org/daycare Full Day Program, Monday-Thursday	Trinity Lutheran Early Childhood Center 613 Court Street - St. Joseph Phone - (269) 983-0040 Email - jennifer.reynolds@discovertrinity.org Website - www.trinitystjoe.org Full Day Program, Monday-Thursday
YMCA of Greater Michiana - BH/SJ YMCA 3655 Hollywood Rd - St. Joseph Phone - (269) 428-9622 Email - mmaier@ymcagm.org Website - www.ymcagm.org/GSRP Half Day Program, Monday-Thursday Full Day Program, Monday-Thursday Extended Week Program, Monday-Friday	YMCA of Greater Michiana - Northside Child Development Center 2020 N. Fifth Street - Niles Phone - (269) 683-1982 Email - mskalla@ymcagm.org Website - www.ymcagm.org/GSRP Half Day Program, Monday-Thursday Full Day Program, Monday-Thursday Extended Week Program, Monday-Friday Transportation provided	

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BERRIEN COUNTY GSRP APPLICATION 2026-2027

Completing an application doesn't automatically enroll you into GRSP. All applications/enrollments are pending per review of qualifications and the state GSRP budget. All final notifications will come from teachers/sites prior to the fall start.

PROGRAM PREFERENCE

- | | | |
|---|--|---|
| <input type="checkbox"/> Benton Harbor Area Schools | <input type="checkbox"/> Benton Harbor Charter School | <input type="checkbox"/> Berrien Springs Public Schools |
| <input type="checkbox"/> The Blessed Noah's Ark | <input type="checkbox"/> Brandywine Community Schools | <input type="checkbox"/> Buchanan Community Schools |
| <input type="checkbox"/> The Children's Center - Niles | <input type="checkbox"/> The Children's Center - Peace | <input type="checkbox"/> Coloma Community Schools |
| <input type="checkbox"/> Countryside Academy | <input type="checkbox"/> Eau Claire Public Schools | <input type="checkbox"/> Immanuel EC Development Center |
| <input type="checkbox"/> Lylabugs & Buttons | <input type="checkbox"/> Montessori Children's Center | <input type="checkbox"/> Stevensville United Methodist |
| <input type="checkbox"/> Trinity Lutheran - Berrien Springs | <input type="checkbox"/> Trinity Lutheran - St. Joseph | <input type="checkbox"/> Watervliet Public Schools |
| <input type="checkbox"/> YMCA - Northside | <input type="checkbox"/> YMCA - BH/SJ YMCA | |

CHILD INFORMATION

Child's Legal Name: _____ Date of Birth: ____/____/____
First Name Middle Name Last Name mm dd yyyy

Gender: ☐ Male ☐ Female

Ethnicity: Hispanic or Latino ☐ Yes ☐ No

Race: American ☐ African American or Black ☐ Indian or Alaska Native ☐ Asian ☐ Hispanic
☐ Native Hawaiian or Pacific Islander ☐ Caucasian or White ☐ Two or more races

Address _____ City _____ Zip _____ County _____

Phone Number: _____ School District of Residence: _____

Did the child participate in Strong Beginnings in the 2025/2026 school year? ☐ Yes ☐ No

FAMILY INFORMATION

Child lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Joint Custody (If joint, Physical or Legal, Explain) _____
☐ Legal Guardian ☐ Grandparents ☐ Foster Care ☐ Other: Explain _____

Parent/guardian Name 1: _____

Parent/guardian date of birth: _____

Address: (if different from above): _____

Current Employer: _____

Employers Address: _____

Primary Phone#: _____

Alternative Phone#: _____

Email: _____

Parent/guardian Name 2: _____

Parent/guardian date of birth: _____

Address: (if different from above): _____

Current Employer: _____

Employers Address: _____

Primary Phone#: _____

Alternative Phone#: _____

Email: _____

EMERGENCY CONTACTS other than parent/guardian

- | | | | | | | |
|----|-------|----------------|-------|-------|--------------|-----------------------|
| 1. | _____ | _____ | _____ | _____ | _____ | _____ |
| | Name | Street Address | City | State | Phone Number | Relationship to child |
| 2. | _____ | _____ | _____ | _____ | _____ | _____ |
| | Name | Street Address | City | State | Phone Number | Relationship to child |

INCOME & PROGRAM ELIGIBILITY FACTORS

Total household income: \$_____ Number in Household: _____

If you do not provide this information, your child cannot be enrolled until after August 1.

Is the child experiencing homelessness? ☐ Yes ☐ No

Is the child in foster care? ☐ Yes ☐ No

Does the child have an Individualized Education Program (IEP)? ☐ Yes ☐ No

If yes, a copy must be provided.

Parent/Guardian Signature _____

Date _____

FOR OFFICE USE ONLY - For enrollment prioritization and PowerSchool documentation

% FPL Bracket:

- ☐ 01: 0-50%
 - ☐ Approved for GSRP by HS
- ☐ 02: 51-100%
 - ☐ Approved for GSRP by HS
- ☐ 03: 101-150%
- ☐ 04: 151-200%
- ☐ 05: 201-250%
- ☐ 06: 251-300%
- ☐ 08: 301-350%
- ☐ 09: 351-400%
- ☐ 10: 401-450%
- ☐ 11: 451% and above

Eligibility Factors:

- ☐ A: Homelessness (placed in FPL Bracket 01)
- ☐ B: Foster Care (placed in FPL Bracket 01)
- ☐ C: IEP (placed in FPL Bracket 01)

Automatic Enrollment:

- ☐ Strong Beginnings Participant

Date Application was Received: _____

Order in Which Application was Received: _____

Application Prioritization Rank #: _____

I verify that I have reviewed the following documentation with the family:

- ☐ **Proof of Age** - Such as a birth certificate, passport, immigration record, or baptismal certificate
- ☐ **Proof of Residency** - Such as a driver's license, rent receipt, utility bill, or letter from shelter or host (if between homes)
- ☐ IEP - If applicable

GSRP Staff Signature

Date of Verification

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Berrien RESA Photo Release Form for GSRP Students

- ☐ I **give permission** for my son/daughter photo/image to be used. Please complete the form below
- ☐ I **do not give permission** for my son/ daughter photo/image to be used. However, please complete the Guardian's name and Minor's name sections as well as sign and date the form.

I, _____, give the GSRP school/site, Berrien RESA and its affiliated programs permission to use the photo/image/video of the minor named below and grant the GSRP school/site and Berrien RESA all rights to use these photo/image/video in any medium for educational, promotional, advertising or other purposes that support the mission of the District. I agree that all rights to the photo/image/video belong to GSRP/Berrien RESA.

Guardian's Name: _____

Minor's Name: _____

Parent/Guardian's Signature: _____

Date: _____

Address: _____

Phone: _____

Email: _____

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GSRP Underage Consideration

******Only complete if your child will turn 4 after September 1 - December 1******

GSRP Underage Eligibility Consideration-Special Circumstances for Children turning 4 **after** September 1st - December 1st.

I understand that a child who turns 4 years old **after** September 1st - December 1st can be considered for enrollment in the Free Preschool in Berrien County by requesting this Special Consideration.

I also understand that the intention of the Great Start Readiness Preschool program is to be provided the year before a child enters kindergarten, therefore I am requesting that eligibility for enrollment into a Great Start Readiness Preschool program be considered for my child because I plan to request early entry into kindergarten the following year.

_____ and _____
Child's full name Date of Birth

I understand that this does not guarantee my child a classroom placement in GSRP for the school year and that I will be notified of the enrollment status after **September 1**.

Parent Signature

Date

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2/2/26

CHILD INFORMATION RECORD

State of Michigan - Department of Lifelong Education, Learning, and Potential - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:		Date of Admission		Date of Discharge	
Name of Child (Last, First, Middle Initial)					Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State	Zip Code
Parent/Legal Guardian's Name		Primary Phone ()	Parent/Legal Guardian's Name (Optional)		Primary Phone ()
Home Address (if not child's address)		2 nd Phone (if applicable) ()	Home Address (if not child's address)		2 nd Phone (if applicable) ()
City	State	Zip Code	City	State	Zip Code
Email Address (optional)			Email Address (optional)		
Employer Name		Work Phone ()	Employer Name		Work Phone ()
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number ()		
Hospital Preferred for Emergency Treatment (optional)					
Allergies, Special Needs and/or Special Instructions? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, explain: (Attach additional sheets, if necessary.)					

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See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	()	()
2.	()	()
3.	()	()

Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	()	2.	()
3.	()	4.	()
5.	()	6.	()

Parent/Legal Guardian Initials:

_____ I give permission to _____, licensed by the Department of Lifelong Education, Advancement, and Potential, to secure emergency medical treatment for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.

Signature of Parent or Guardian

Date Signed

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

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2/2/26

PRESCHOOL TRANSITION QUESTIONNAIRE



Thank you for completing this questionnaire. The information you share helps our GSRP team understand your child's needs, strengths, and routines so we can support a smooth and successful transition into the program. All information is kept confidential.

CHILD INFORMATION

- Child's Full Name: _____
- Nickname (if any): _____
- Date of Birth: _____
- Name of Person filling out questionnaire: _____

FAMILY INFORMATION

Preferred Method of Communication

- ☐ Phone call
- ☐ Text message
- ☐ Email

PRIOR CARE & EARLY LEARNING EXPERIENCES

1. Before enrolling in GSRP, my child has attended:

- ☐ Home Care Only
- ☐ Childcare Center
- ☐ Preschool Program
- ☐ Head Start
- ☐ Strong Beginnings
- ☐ No Prior Group Care

2. Has your child received Early On Services?

- ☐ Yes, currently
- ☐ Yes, in the past
- ☐ No

If yes, services included (check all that apply)

- ☐ Speech Therapy
- ☐ Occupational Therapy (OT)
- ☐ Physical Therapy (PT)
- ☐ Developmental Support
- ☐ Other: _____

IEP INFORMATION

1. Does your child currently have an IEP? (Individualized Education Program)

☐ Yes

☐ No

2. If your child has an IEP, services included (check all that apply)

☐ Speech/Language

☐ Social-Emotional

☐ Fine Motor

☐ Gross Motor

☐ Behavior

☐ Other: _____

CHILD STRENGTHS & INTERESTS

Please check all the areas that best describe you child

☐ Enjoys Books

☐ Enjoys Art or Sensory Activities

☐ Enjoys Building or Puzzles

☐ Enjoys Music and Movement

☐ Enjoys Pretend Play

☐ Other: _____

My child is most confident when:

☐ Following Routines

☐ Playing with peers

☐ Working One-on-One with an Adult

☐ Helping Others

SOCIAL & EMOTIONAL DEVELOPMENT

How does your child separate from you?

☐ Easily

☐ With Reassurance

☐ With Difficulty

How does your child usually play with others?

☐ Plays Cooperatively

☐ Plays Alongside Others (parallel play)

☐ Observes Before Joining

☐ Prefers Independent Play

Does your child have difficulty with:

- ☐ Transitions
- ☐ Waiting or Turn-Taking
- ☐ Loud Noises
- ☐ Large Groups
- ☐ None of the Above

COMMUNICATION

My child primarily communicates by:

- ☐ Full Sentences
- ☐ Short Phrases
- ☐ Single Words
- ☐ Gestures or Signs
- ☐ Communication Device

My child understands direction best when:

- ☐ Given Verbally
- ☐ Shown with Visuals
- ☐ Modeled by an Adult
- ☐ Repeated

POTTY TRAINING & SELF-HELP SKILLS

My child is currently:

- ☐ Fully toilet trained
- ☐ Mostly toilet trained
- ☐ In the Process of Potty Training
- ☐ Not Yet Toilet-Trained

My child:

- ☐ Independently uses the Toilet
- ☐ Needs Reminders
- ☐ Needs Adult Assistance

DAILY ROUTINES

My child typically:

- ☐ Naps Daily
- ☐ Rests But Does Not Sleep
- ☐ Does Not Nap

HEALTH & SENSORY INFORMATION

My child is sensitive to (check all that apply):

- ☐ Loud Sounds
- ☐ Bright Lights
- ☐ Certain Textures
- ☐ Movement
- ☐ None of the Above

BEHAVIOR & SUPPORT STRATEGIES

When my child is upset, they usually (check all that apply):

- ☐ Cry
- ☐ Withdrawl
- ☐ Become Physically Aggressive
- ☐ Seek Adult Support

What helps your child calm down? (check all that apply)

- ☐ Quiet Space
- ☐ Adult Reassurance
- ☐ Deep Breathing or Movement
- ☐ Sensory Tools
- ☐ Visual Schedule

FINE MOTOR SKILLS

My child:

- ☐ Can cut with scissors with no assistance
- ☐ Can cut with scissors with assistance
- ☐ Cannot hold scissors

My child can:

- ☐ Hold a pencil and draw shapes and symbols
- ☐ Fist a pencil and draw shapes and symbols
- ☐ Hold a pencil and make marks on a paper

My child can:

- ☐ Dress/undress self without help (except for zippers, buttons, etc.)
- ☐ Needs assistance with all dressing/undressing tasks

FAMILY GOALS & PARTNERSHIP

My goals for my child in GSRP include (check all that apply):

- ☐ Social Skills
- ☐ Kindergarten Readiness
- ☐ Communication Skills
- ☐ Independence/Self-Help
- ☐ Emotional regulation

Do you have any concerns about your child's behavior?

Is there anything else you would like to share?

Thank you for partnering with us. Your input is an important part of your child's success!

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