

31455 W. Eleven Mile Road Farmington Hills, MI 48336 www.goodfellows.info (248) 986-1111 Fax (248) 986-1010 give@goodfellows.info

2025 HOLIDAY EARLY CHILDHOOD CENTER ASSISTANCE APPLICATION

FOR USE BY HEAD START & GREAT START READINESS PROGRAM (GSRP) FAMILIES ONLY

APPLICATION DEADLINE - TUESDAY NOVEMBER 25, 2025

This application along with proof of residency must be submitted with this completed form by mail to the address above, or by fax to (248) 986-1010, or by emailing this page or a photo of it to fagoodfellows@gmail.com. We are not able to accept late applications.

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|---|-------------|------------|------------|---------------|------|--|--|--|
| Family Name | | | Mother's | Maiden Name | | | | |
| Mother's Name | | | | Father's Name | | | | |
| Str | eet Address | | | | | | | |
| \square Farmington \square Farmington Hills \square Northville (mailing | | | address) | Zip Code | | | | |
| Apartment Complex | | Apartment# | | Buildi | ng# | | | |
| Home Phone | | | Cell Phone | | | | | |
| Email Address | | | | | | | | |
| List all persons living in your home that are currently employed: | | | | | | | | |
| Name | | | Employer | | | | | |
| Name | | | Employer | | | | | |
| Name | | | Employer | | | | | |
| Is your family enrolled in the Farmington Public School's Head Start Program? | | | | | | | | |
| Is your family enrolled in the Farmington Public School's GSRP Program? | | | | | | | | |
| This program is provided for free to residents of Farmington and Farmington Hills. You must include one (1) of the following documents to demonstrate proof of residency at the address listed above: | | | | | | | | |
| An October or November 2025 utility bill from either Consumers Energy or DTE Energy -OR- | | | | | | | | |
| A current apartment or home lease -OR- | | | | | | | | |
| An Affidavit of Residency provided by Farmington Public Schools | | | | | | | | |
| (we are not able to accept government issued ID, telephone, internet or cable TV bills as proof of residency) | | | | | | | | |
| The Goodfellows Client Services Team will reach out to you shortly to learn about any toy requests or diaper needs for your family. | | | | | | | | |
| Applicant Signature | | | | | Date | | | |