



Thank you for applying with the Puget Sound Educational Service District Early Learning Program. We serve families with the greatest needs. We value diversity and welcome children and families of any race, ethnicity, culture, gender, ability, language, sexual orientation, faith, or any other personal identity.

To ensure eligibility is appropriately determined, please answer all questions to the best of your knowledge. Answers **will not** exclude your child from our program; answers will be used to determine selection priority for the program. Incomplete applications may delay the process. If you have questions or need help filling out the application, please contact us at: _____.

Please return this completed application along with the proof of age and income documents. If you don't have proof of your income, and/or your child's age, self-declaration statements are acceptable under some conditions.

A copy of one of the following can be used as proof of your child's birthdate:

- Adoption papers
- Birth certificate
- Child Profile
- Court documents
- Foster Care authorization letter
- Government document with birth date
- Individual Education Plan or Individual Family Service Plan (IEP/IFSP)
- Immunization record
- Medical card or records
- Medical record of birth/hospital record
- Passport or visa
- Paternity affidavit
- School records
- TANF award letter

A copy of the following can be used as proof of your family income:

- Tax Return for the past year
- W2 Form for the past year
- Pay stubs
- Employer's statement with total gross earnings for the past 12 months
- Public Assistance (TANF or SSI) Award Letter
- Foster Care Benefit Letter
- Unemployment Benefit Letter
- Child Support Statement/Order
- Military Family Allotment
- Self-declaration statements are acceptable under some conditions

Return this application and supporting documents to:

Our Early Learning Program will process your application and contact you regarding your eligibility for the program.

We strive to ensure all families are given an equitable opportunity for enrollment. We keep an active waitlist throughout the year. Due to limited space, we are not able to offer enrollment to every family at the start of school. However, after eligibility is determined, if your child is not immediately selected at the start of the school year, his/her name will remain on the waitlist. If you find another program and want to remain on our waitlist, you may. You can remove your child's name from the waitlist anytime. To find a PSESD Early Learning closest to you go to this website and enter your zip code: <http://www.earlylearningwa.org/index.php/find-a-classroom>

Section A: Child's Information

Child's Information	Child's First Name: _____ Middle Initial: ____ Last Name: _____	
	Date of Birth: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Telephone: _____	<input type="checkbox"/>
	Address: _____	<input type="checkbox"/>
	Apartment Name/Number: _____ City: _____ Zip: _____	<input type="checkbox"/>
	What's your child's home language? _____	<input type="checkbox"/>
	How do you identify your child's race(s)/ethnicity(s)? _____	<input type="checkbox"/>
	Last year, did your child attend: <input type="checkbox"/> Early Head Start/0-3 home visiting program <input type="checkbox"/> Head Start and/or ECEAP If yes, name of program: _____	<input type="checkbox"/>
	Is this child transferring from Children's Home Society Early Head Start or Head Start Program? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>

Section B: Eligibility Information

Family Information	Does your family currently receive TANF cash assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes Child-only TANF? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>
	Is your family currently receiving Childcare Subsidy? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Are you or a member of your family currently receiving SSI? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	If yes, who: _____ Relationship to applicant: _____	
	Is this application for a child in Foster care? <input type="checkbox"/> No <input type="checkbox"/> Yes Kinship care? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>
	Is the child's family currently receiving Child Protective Services (CPS)? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Is the child's family currently receiving services from Family Assessment Response (FAR)? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Are you currently experiencing homelessness? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Household income for the last calendar year or the last 12 months: _____	<input type="checkbox"/>	
Number of people in your household: _____		

Section C: Health and Development Information

Child's Information	Has your child been DIAGNOSED by a Health Care Provider with any of the conditions listed below? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>
	If yes, check all that apply: <input type="checkbox"/> Respiratory (Asthma, RSV, RAD, other) <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Heart Condition <input type="checkbox"/> Food Allergies (list): _____ <input type="checkbox"/> Swallowing <input type="checkbox"/> Non-Food Allergies (list): _____ <input type="checkbox"/> Other (list): _____	
	Do you have any other concerns about your child's health? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>
	If yes, check all that apply: <input type="checkbox"/> Feeding and/or special diet <input type="checkbox"/> Low birth weight (5.5lbs or less) <input type="checkbox"/> Hearing <input type="checkbox"/> Tooth Pain/Decay/Bleeding Gums <input type="checkbox"/> Vision <input type="checkbox"/> Mental Health <input type="checkbox"/> Drug/Alcohol Affected <input type="checkbox"/> Food Intolerance (list): _____ <input type="checkbox"/> Other health concerns(list): _____	
	Does your child have medical insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes Does your child have dental insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>
	If yes, what type: <input type="checkbox"/> Medicaid <input type="checkbox"/> Private <input type="checkbox"/> Indian Health <input type="checkbox"/> Other: _____	
	Has your child experienced (Check all that apply): <input type="checkbox"/> Abuse/Neglect <input type="checkbox"/> Former Foster Care <input type="checkbox"/> Asked to leave a childcare center because of behavior	<input type="checkbox"/>
	Does your child have a special need? (Check all that apply): <input type="checkbox"/> Individualized Education Plan (IEP) <input type="checkbox"/> Individualized Family Service Plan (IFSP) <input type="checkbox"/> A diagnosed disability <input type="checkbox"/> Enrollment in an Early Intervention Birth to 3 program in the last 6 months	<input type="checkbox"/>
	Do you have concerns about your child's development? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>
	If yes, check all that apply: <input type="checkbox"/> Speech/Talking (making sounds, delayed talking, hard to understand and/or difficulties understanding others) <input type="checkbox"/> Fine Motor (grasping, drawing, writing and/or dressing) <input type="checkbox"/> Behavior (hitting, biting, having tantrums and/or not cooperating) <input type="checkbox"/> Gross Motor (walking, climbing, throwing, spinning, lack of eye contact, loss of skills) <input type="checkbox"/> Other concerns: _____	<input type="checkbox"/>

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Section D: Family Information

Child lives with: <input type="checkbox"/> One parent/guardian <input type="checkbox"/> Two parents/guardians		<input type="checkbox"/>
Parent(s)/Guardian(s) Relationship to the applicant: <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Biological/Adoptive Parent(s) <input type="checkbox"/> Step Parent(s) <input type="checkbox"/> Other:		
Parent/Guardian <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	Parent/Guardian <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	
Name: _____	Name: _____	
Address – if different than child: _____ _____	Address – if different than child: _____ _____	
Primary Phone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message	Primary Phone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message	
Secondary Phone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message	Secondary Phone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message	
Email Address: _____	Email Address: _____	
Date of birth: ____/____/____ Month Day Year	Date of birth: ____/____/____ Month Day Year	
Do you need an interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes What language(s) do you speak? _____	Do you need an interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes What language(s) do you speak? _____	<input type="checkbox"/>
Education Level (check highest completed) <input type="checkbox"/> Grade 6 or less <input type="checkbox"/> High School Graduate <input type="checkbox"/> Grade 7 <input type="checkbox"/> College/Adv. Training <input type="checkbox"/> Grade 8 <input type="checkbox"/> College Degree/Training Certificate <input type="checkbox"/> Grade 9 <input type="checkbox"/> Associate Degree <input type="checkbox"/> Grade 10 <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Grade 11 <input type="checkbox"/> Master's Degree <input type="checkbox"/> Grade 12 (<i>No diploma</i>) <input type="checkbox"/> GED	Education Level (check highest completed) <input type="checkbox"/> Grade 6 or less <input type="checkbox"/> High School Graduate <input type="checkbox"/> Grade 7 <input type="checkbox"/> College/Adv. Training <input type="checkbox"/> Grade 8 <input type="checkbox"/> College Degree/Training Certificate <input type="checkbox"/> Grade 9 <input type="checkbox"/> Associate Degree <input type="checkbox"/> Grade 10 <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Grade 11 <input type="checkbox"/> Master's Degree <input type="checkbox"/> Grade 12 (<i>No diploma</i>) <input type="checkbox"/> GED	<input type="checkbox"/>
How many hours do you work in a week? _____ Are you currently in school? <input type="checkbox"/> No <input type="checkbox"/> Yes	How many hours do you work in a week? _____ Are you currently in school? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Do you have any concerns for yourself, other family members and/or your significant other? (Check all that apply)		<input type="checkbox"/>
<input type="checkbox"/> Disability/Unable to work <input type="checkbox"/> Job/Employment <input type="checkbox"/> Little or no support from family or friends <input type="checkbox"/> Drug/Alcohol issues <input type="checkbox"/> Learning difficulties <input type="checkbox"/> Immigrant/Refugee (<i>past 3 years</i>) <input type="checkbox"/> Health Concern <input type="checkbox"/> Medical coverage (<i>zero points</i>) <input type="checkbox"/> Loss/Grief <input type="checkbox"/> Incarcerated Parent(s) <input type="checkbox"/> Family Violence <input type="checkbox"/> Housing <input type="checkbox"/> Legal issues <input type="checkbox"/> Military deployment (current or in last year) <input type="checkbox"/> Immigration <input type="checkbox"/> Mental Health, Post-Partum Depression, Anxiety, Depression, PTSD		
Does the child on this application have a sibling who is currently enrolled at <u>this</u> Early Learning center? <input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/>
How did you hear about our program? <input type="checkbox"/> Agency referral from: _____ <input type="checkbox"/> Other: _____		

I have answered the questions to the best of my knowledge. The information provided will be used to determine my child's eligibility for the Early Learning Programs.

The information on your application is confidential and used ONLY to determine eligibility. We do not release information to immigration or other government authorities.

Parent/Guardian

Signature: _____

Date: _____

Child's Name _____

Date Received: _____
Date sent to PSESD: _____
Site ID/Name: _____