



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 program closest to you go to <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: _____	<input style="width: 30px; height: 25px;" type="text"/>
	Date of Birth: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Telephone: _____	<input style="width: 30px; height: 25px;" type="text"/>
	Address: _____	<input style="width: 30px; height: 25px;" type="text"/>
	Apartment Name/Number: _____ City: _____ Zip: _____	<input style="width: 30px; height: 25px;" type="text"/>
	What's your child's home language? _____	<input style="width: 30px; height: 25px;" type="text"/>
	How do you identify your child's race(s)/ethnicity(s)? _____	<input style="width: 30px; height: 25px;" type="text"/>
	Has your child attended: <input type="checkbox"/> Early Head Start <input type="checkbox"/> Head Start and/or ECEAP If yes, name of program: _____	<input style="width: 30px; height: 25px;" type="text"/>

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 style="width: 30px; height: 25px;" type="text"/>
	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 style="width: 30px; height: 25px;" type="text"/>
	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 style="width: 30px; height: 25px;" type="text"/>	
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 style="width: 30px; height: 25px;" type="text"/>
	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 style="width: 30px; height: 25px;" type="text"/>
	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 style="width: 30px; height: 25px;" type="text"/>
	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 style="width: 30px; height: 25px;" type="text"/>
	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 style="width: 30px; height: 25px;" type="text"/>
	Do you have concerns about your child's development? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input style="width: 30px; height: 25px;" type="text"/>
	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 style="width: 30px; height: 25px;" type="text"/>

