



**STEP AHEAD and SEATTLE PRESCHOOL PROGRAM PATHWAY
 CHILD ENROLLMENT FORM SCHOOL YEAR 2016-2017**

Agency: _____ Site Name: _____
 Classroom Name: _____ Program Enrolled: _____
 AM PM Full Day

CHILD INFORMATION

1. Child's Name Last _____ First _____ Middle _____
 2. Child's Birth Date ____ / ____ / ____
 3. Gender Female Male
 4. Home Address: _____
 City: _____ State: _____ Zip: _____ County: _____
 5. Mailing Address: _____
 City: _____ State: _____ Zip: _____ County: _____
 6. School District: _____
 7. Phone: Daytime: _____ Evening: _____
 Message: _____
 8. Is child of Spanish/Hispanic/Latino ethnicity? Yes No *This question is about ethnicity, not race.*
 9. Race White Asian Native Hawaiian/Pacific Islander Black, African, or African American
 American Indian or Alaska Native Multi-Racial Other _____
 10. Languages Spoken in Home Primary: _____ Secondary: _____

11. Are you a refugee or immigrant family? Yes No
 12. Child has individual Education Plan (IEP) *If checked, school district:* _____
 13. Family Receives DSHS Child Care Subsidies (Working Connections Child Care) for this Child: Yes No
 14. Child is homeless according to the McKinney-Vento Act Yes No (See page 6 for more information)
 15. Child resides with Single Parent* (in joint custody cases, use parent that receives child support)
 Two Parents* Other: _____ (please specify)
 * Parent means birth parent, custodial parent, foster parent, legal guardian, or other person legally responsible for the welfare of the child.
 16. Enrollment Date ____ / ____ / ____ (Date when enrollment process is confirmed and slot is reserved)
 17. Date of Start ____ / ____ / ____ and the hours of child in care from _____ to _____

CHILD MEDICAL/DENTAL HEALTH INFORMATION

18. Child is enrolled in the following medical insurance and/or child health programs (check all that apply)

- Medicaid Washington Basic Health Plan Plus DSHS Provider One Services Card
 Private Medical Insurance No Medical Insurance Military Coverage
 Tribal Coverage Other _____.

19. Child is enrolled in the following dental insurance and/or dental health programs (check all that apply)

- Medicaid Washington Basic Health Plan Plus DSHS Provider One Services Card
 Private Medical Insurance No Medical Insurance Military Coverage
 Tribal Coverage Other _____.

20. Child has primary health care provider or medical home Yes No

21. Date of last medical exam (prior to first service date) _____ / _____ / _____

If date of last medical exam was completed over one year ago or left blank, provide date medical exam completed while in Step Ahead or SPP Pathway (must be completed within 90 days of the first service date): _____ / _____ / _____

22. Date of last dental exam (prior to first service date): _____ / _____ / _____

If date of last dental exam was completed over six months ago or left blank, provide date dental exam completed while in Step Ahead or SPP Pathway (must be completed within 90 days of the first service date): _____ / _____ / _____

23. Child is fully immunized with age appropriate vaccines (per DOH Immunization Schedule)RCW 28A.210.160 requires a completed Certificate of Immunization Status on file at the school, preschool, or child care facility child attends (except in cases of homelessness). Yes No

23a. If child is not fully immunized at time of enrollment, an immunization schedule is in progress Yes No

23b. If child is not immunized, a DOH required Statement of Exemption to Immunization Law is signed and on file
 Yes No

23c. Date child became fully immunized while in Step Ahead or SPP Pathway (if applicable) _____ / _____ / _____

PARENT INFORMATION

Section I.

PARENT #1	PARENT #2
Parent/Guardian Name: _____	Parent/Guardian Name: _____
Date of Birth _____ Gender : <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth _____ Gender : <input type="checkbox"/> Female <input type="checkbox"/> Male
E-mail Address _____	E-mail Address _____
Employer Name _____	Employer Name _____
Employer Address _____	Employer Address _____
Work Phone _____	Work Phone _____
Job Title _____	Job Title _____
Start Date _____	Start Date _____
Work schedule and days _____	Work schedule and days _____
Is Parent/Caretaker Attending School? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is Parent/Caretaker Attending School? Yes <input type="checkbox"/> No <input type="checkbox"/>
Training Program Title: _____	Training Program Title: _____
School Name: _____	School Name: _____

Section II	Section II
Education Level <input type="checkbox"/> 6th grade or less <input type="checkbox"/> Some college <input type="checkbox"/> 7th–9th grade <input type="checkbox"/> 2-year degree <input type="checkbox"/> 10th–12th grade <input type="checkbox"/> 4-year degree <input type="checkbox"/> High School Diploma <input type="checkbox"/> Graduate degree <input type="checkbox"/> GED <input type="checkbox"/> Vocational degree <input type="checkbox"/> Other: _____	Education Level <input type="checkbox"/> 6th grade or less <input type="checkbox"/> Some college <input type="checkbox"/> 7th–9th grade <input type="checkbox"/> 2-year degree <input type="checkbox"/> 10th–12th grade <input type="checkbox"/> 4-year degree <input type="checkbox"/> High School Diploma <input type="checkbox"/> Graduate degree <input type="checkbox"/> GED <input type="checkbox"/> Vocational degree <input type="checkbox"/> Other: _____
Migrant/Seasonal Farm worker <input type="checkbox"/> Yes <input type="checkbox"/> No	Migrant/Seasonal Farm worker <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Caretaker is enrolled in medical/dental plan (check all that apply) <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Washington Basic Health Plan <input type="checkbox"/> Washington Basic Health Plan Plus <input type="checkbox"/> Private/Employer Medical Insurance <input type="checkbox"/> Private/Employer Dental Insurance <input type="checkbox"/> Other: _____	Parent/Caretaker is enrolled in medical/dental plan (check all that apply) <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Washington Basic Health Plan <input type="checkbox"/> Washington Basic Health Plan Plus <input type="checkbox"/> Private/Employer Medical Insurance <input type="checkbox"/> Private/Employer Dental Insurance <input type="checkbox"/> Other: _____
Is parent of Spanish/Hispanic/Latino ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>This question is about ethnicity, not race</i>	Is parent of Spanish/Hispanic/Latino ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>This question is about ethnicity, not race</i>
Race <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black, African, or African American <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____	Race <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black, African, or African American <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____
Languages Spoken in Home: Primary: _____ Secondary: _____	Languages Spoken in Home: Primary: _____ Secondary: _____
Are you a refugee or immigrant family? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a refugee or immigrant family? <input type="checkbox"/> Yes <input type="checkbox"/> No

MONTHLY INCOME Section III

Check all that apply & enter monthly gross income (before deductions)

PARENT #1		PARENT #2	
Income Source	Income Amount	Income Source	Income Amount
<input type="checkbox"/> Wages/Salary (including self-employed income)	\$ _____	<input type="checkbox"/> Wages/Salary (including self-employed income)	\$ _____
<input type="checkbox"/> Child Support, Alimony Received	\$ _____	<input type="checkbox"/> Child Support, Alimony Received	\$ _____
<input type="checkbox"/> Pension, Retirement, Social Security	\$ _____	<input type="checkbox"/> Pension, Retirement, Social Security	\$ _____
<input type="checkbox"/> Supplemental Security (SSI)	\$ _____	<input type="checkbox"/> Supplemental Security (SSI)	\$ _____
<input type="checkbox"/> DSHS	\$ _____	<input type="checkbox"/> DSHS	\$ _____
<input type="checkbox"/> Unemployment Benefits	\$ _____	<input type="checkbox"/> Unemployment Benefits	\$ _____
<input type="checkbox"/> Alimony/Spousal Support	\$ _____	<input type="checkbox"/> Alimony/Spousal Support	\$ _____
<input type="checkbox"/> Other (explain)	\$ _____	<input type="checkbox"/> Other (explain)	\$ _____
<input type="checkbox"/> Financial Aid	\$ _____	<input type="checkbox"/> Financial Aid	\$ _____
<input type="checkbox"/> Child Support PAID Out	(-\$ _____)	<input type="checkbox"/> Child Support PAID Out	(-\$ _____)
Total Monthly Income	\$ _____	Total Monthly Income	\$ _____

Family Size: _____ Total Family Monthly Income \$ _____

Please list only immediate family members who reside in the same home and that are included in family size:

Name	Relationship	Gender	DOB	Race	Language

Documentation of income is required. Employed Parent/Guardian: Include wage stubs to cover latest month of employment. Three months of wage stubs are required if income varies. Self-employed parent/guardian must fill out 6 month income and expense form, and provide receipts of expenses for one month. For parents receiving child support and other income, documentation may be required.

Student Parent. Fill out a Student Questionnaire, class schedule, an official copy of registration, financial aid award letter (if applicable). Income documentation is also required.

Additional Questions For All Parents (questions not on downloadable translated enrollment forms)

How did you hear about our programs?

- Newspaper Magazine Radio Ad Friend or Family Member Flyers Brochures
 Banners I Have another Child in the Program Website Provider Recruitment PCHP
 Other _____

I certify that all the information provided is true to best of my knowledge. The information I have provided is subject to review for further verification and I may need to provide additional documentation to support this application.

Parent(s) signatures: _____ Date _____

City of Seattle Step Ahead, Seattle Preschool Program Pathway and Seattle Early Education Collaborative (SEEC)

PARENT/GUARDIAN CONSENT FORM

SEEC includes Step Ahead, Seattle Preschool Program Pathway, ECEAP, Head Start and Comprehensive Child Care Program. Each service/activity is designed to enhance your child's participation in the program.

I give permission for _____ to participate in the following services/activities, initiated by me, while he/she is enrolled in the Step Ahead, Seattle Preschool Program Pathway and/or SEEC programs.

Parent/Guardian Initials	Item
	To be transported on program field trips about which I have been notified.
	To be photographed or video-taped for educational purposes and advertising Step Ahead/SEEC through various mediums e.g. internet, flyers, brochures.
	To transport my child to and from the program (<i>if such services are available</i>).
	To receive a developmental screening (Ages and Stages Questionnaire (ASQ).)
	To receive dental screenings (<i>if such services are available</i>).
	To receive weight and height screenings.
	To receive hearing screenings.
	To receive vision screenings.
	To receive the Peabody Picture Vocabulary Test (PPVT-4).
	To receive the Teaching Strategies Gold child assessment portfolio.

I have read or have had this consent form explained/translated for me and understand it, and consent to my child participating/receiving those activities/services which are initialed above. I understand that I have rights of access to all of the above records.

The Step Ahead and Seattle Preschool Program Pathway are funded by the Seattle Families & Education Levy. The ECEAP program is funded by the Department of Early Learning. The Head Start Program is funded by the Office of Head Start. The Comprehensive Child Care Program is funded by the City of Seattle. I understand that some or all of the information must be reported to the funding agencies and to other City departments and state agencies. The information may also be shared with Seattle Public Schools and other non-governmental research firms under contract with either funder. I certify that the information I have provided on this form is correct.

Child's Name	Date
Print Name of Parent or Guardian	Signature of Parent or Guardian
Print Name of Parent or Guardian	Relationship to Child

I hereby authorize Seattle Public Schools to release to the City of Seattle as administrator of the Step Ahead and/or Seattle Preschool Program Pathway, my child's student identification number. I understand that the City intends to use some or all information gathered during the course of the program solely for the purposes of assessing program effectiveness, both short- and long-term as the child progresses through Seattle Public Schools. I further understand that the identification of my child and family will be kept confidential to the extent required or authorized by local, state, and federal law.

I certify that the information I have provided on this form is correct.

Child's Name	Date
Print Name of Parent or Guardian	Signature of Parent or Guardian
Print Name of Parent or Guardian	Relationship to Child

City of Seattle Step Ahead and Seattle Preschool Program Pathway Additional Information to Complete Enrollment Form

Step Ahead Preschools serve 3 and 4 year old lower income children living in Seattle.

- Families with incomes of 110.1% to 300% Federal Poverty Level,
- Children who live within boundaries of eligible elementary schools,
- Children with parents that have Immigrant or Refugee status;
- Children who are English Language Learners;
- Children not currently in preschool, but in the care of family members, friends or neighbors who would benefit from a Pre-K program;
- Children in foster/kinship care or other areas of child welfare system;
- Children who are homeless;
- Children with special needs; and
- Children of Color.

Child Information (See question 14)

Children from homeless families as defined by the federal McKinney-Vento Homeless Assistance Act. This includes children who:

- Lack a fixed, regular, and adequate night time residence.
- Share housing of other persons due to loss of housing, economic hardship, or a similar reason.
- Live in motels, hotels, temporary trailers, or campgrounds.
- Live in emergency or transitional shelters.
- Are abandoned in hospitals.
- Are awaiting foster care placement.

Household Information

Family Size:

- Count only parents, step parents, guardians and their spouses, dependent children and adoptive siblings under the age 18 and reside in the same house.
- For homeless families temporarily sharing housing with relatives, do not include the hosts in the total family size.
- For foster children, count only the children covered by the foster care grant in the family size

Family Income:

Count the following income:

- Gross wages or salaries, and net income from self-employment, (Gross sales of receipts minus expenses) of all adults counted in the family size.
- Cash benefits to adults or children counted in the family size, such as TANF, Social Security, Supplemental Security Income, Emergency Assistance, Unemployment or Workers Compensation, training stipends, veteran's benefits, alimony, child support, DSHS foster care grant, pensions, periodic insurance or annuity payments or scholarships/grants for living expenses, minus tuition/fees.

Income does not include:

- Non-cash benefits, such as food stamps, housing vouchers, Medicaid, Medicare, employee fringe benefits.
- Food or housing received in lieu of wages.
- Assets drawn down, such as cash from sale of an asset or bank withdrawals.
- One-time gifts, loans, lump-sum inheritances, insurance payments, or compensations for injury.

Eligibility may be determined based on the time period below that best reflects the family's current financial circumstances:

- Previous calendar year before enrollment or W2 (only for taxi driver)
- Previous three (3) months gross income; however, if self-employment, previous six (6) months incomes minus business expenses..

All families on Temporary Assistance to Needy Families (TANF) cash assistance and all foster children are eligible for ECEAP or Head Start Program.