



## CHILD ENROLLMENT FORM

### CHILD INFORMATION

1. Child's Name Last \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_

2. Child's Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

3. Sex  Female  Male

4. Living 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 5 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     Children's Health Insurance Program (CHIP)  
 Washington Basic Health Plan Plus     Private Medical Insurance             No Medical Insurance  
 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     Children's Health Insurance Program (CHIP)  
(The above health programs include dental coverage)  
 Private Medical Insurance             No Medical Insurance             Other

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

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

22. Date of last dental exam (prior to 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

# PARENT INFORMATION

PARENT #1	PARENT #2
Parent/Guardian Name: _____ Date of Birth _____ Ethnicity _____ Language _____ E-mail Address _____ Employer Name _____ Employer Address _____ Work Phone _____ Job Title _____ Start Date _____ Work schedule and days _____ _____ Is Parent/Caretaker Attending School? Yes <input type="checkbox"/> No <input type="checkbox"/> Training Program Title: _____ School Name: _____	Parent/Guardian Name: _____ Date of Birth _____ Ethnicity _____ Language _____ E-mail Address _____ Employer Name _____ Employer Address _____ Work Phone _____ Job Title _____ Start Date _____ Work schedule and days _____ _____ Is Parent/Caretaker Attending School? Yes <input type="checkbox"/> No <input type="checkbox"/> Training Program Title: _____ School Name: _____
PARENT #1	PARENT #2
<b>Education Level</b> <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: _____	<b>Education Level</b> <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: _____
<b>Migrant/Seasonal Farm worker</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Migrant/Seasonal Farm worker</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Parent/Caretaker is enrolled in medical/dental plan (check all that apply)</b> <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: _____	<b>Parent/Caretaker is enrolled in medical/dental plan (check all that apply)</b> <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: _____
<b>Is parent of Spanish/Hispanic/Latino ethnicity</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>This question is about ethnicity, not race</i>	<b>Is parent of Spanish/Hispanic/Latino ethnicity</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>This question is about ethnicity, not race</i>
<b>Race</b> <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 & other	<b>Race</b> <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 & other
<b>Languages Spoken in Home:</b> Primary: _____ Secondary: _____	<b>Languages Spoken in Home:</b> Primary: _____ Secondary: _____
<b>Are you a refugee or immigrant family?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are you a refugee or immigrant family?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**Please list immediate family members who reside in the home only:**

Name	Relationship	Gender	DOB	Ethnicity	Language

**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 \_\_\_\_\_

# City of Seattle Step Ahead Preschool Program and Seattle Early Education Collaborative (SEEC) PARENT/GUARDIAN CONSENT FORM

SEEC includes Step Ahead, 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, initialed by me, while he/she is enrolled in the Step Ahead Preschool Program and/or Seattle Early Education Collaborative (SEEC).

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 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 Preschool program is 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 above 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 Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Print Parent or Guardian

\_\_\_\_\_  
Signature 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 Preschool Program, 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 Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Print Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Relationship to Child