

Thank you for applying to the Preschool Programs in Tukwila School District. Please help us process your application for the program you need. We have many options to serve you. Due to limited Full Day openings, we can't offer first preference to every family. If your child is not selected for a Full Day slot, you may be offered a Part Day opening and your child can remain on the Full Day waitlist.

**CALL US ANYTIME:**

**206-901-8074**

**FULL DAY CLASSROOM LOCATIONS: (6 hours per day, 5 days a week)**

**Thorndyke** Full Day Head Start Preschool

**Cascade View** Full Day Head Start Preschool

**Tukwila** Elementary ECEAP Preschool:

English/Spanish Dual Language Full Day Preschool

ECEAP/Inclusion Full Day Preschool

Community Slot (possible tuition/fees charged for these slots)

**PART DAY LOCATIONS:(3 hours per day/4 days a week/no school on Wednesdays)**

**Thorndyke** ECEAP Preschool

**Cascade View** ECEAP Preschool

**What session do you need?**

**AM session** (8:00-11:00)

**PM session** (12:10-3:10)

\*Transportation is limited to each program. Must live inside home school boundary and 1 mile from school.

**School Contacts:**



**Dawn Sharp: Thorndyke** Full Day Head Start: 206-901-7650

**Cascade View** Full Day Head Start: 206-901-7769

**Terra Dupont: Cascade View** AM/PM Part Day ECEAP: 206-901-7743

**Leah Reynolds: Thorndyke** ECEAP: 206-901-7648

**Romina Munoz-Macias: Tukwila Elementary** Full Day Programs: ECEAP, Dual Language(Spanish), *Inclusion and Community Slots available 206-901-7523*

**Permission to access state immunization profile**  (initial please)

# Early Learning Application 2022-2023

## Child Information – General

First Name:	Middle Initial:	Last Name:	Preferred Name:
Date of Birth (month/day/year):		Gender: M F	

What is this child’s home language?		2 <sup>nd</sup> language:	
This child speaks:	Only English	Mostly English and another language	*Some English, but mostly another language
	Both English and another language the same (bilingual)		*Only a language other than English

Is this child Hispanic/Latino? Yes No	
What is this child’s race? Check all that apply.	
African/African American/Black	Native Hawaiian or Pacific Islander
Asian	White
Alaska Native/Native American/American Indian	Not listed above:
What is your family’s heritage/tribe/country of origin?	

Has this child been previously enrolled in these programs? Only check the <b>most recent</b> .		
None	Head Start/Early Head Start/ECEAP/Early ECEAP in King or Pierce County, Washington State	Migrant/Seasonal Head Start anywhere in Washington State
Early Support for Infants and Toddlers (ESIT), ECLIPSE or any Birth-to-Three/Home Visiting program	Head Start/Early Head Start/ECEAP /Early ECEAP in another Washington State County	
When did this child last attend?	Name and location of program:	
Is this child currently enrolled in a community slot at this site? Yes No		
Is this child a <b>sibling</b> of a child currently enrolled in the program you are applying to? Yes No		

<b>The questions below are for information only. Answering “Yes” will not affect your eligibility or enrollment in the program.</b>	
Is this child in official foster care or kinship care <b>with</b> a grant amount? Yes No	
<b>If yes</b> , what is the Case Number or Client ID Number?	
What is the monthly grant/payment amount and source? \$	DSHS SSI Tribe Other
# of children covered by grant amount:	



## Early Learning Application 2022-2023 Child's Name (Last, First):

Is this child in kinship care <b>without</b> a grant amount? Yes No
Was this child adopted after foster care or kinship care or from orphanage from another country? Yes No
Was this child recently reunited with their parent(s) after foster care or kinship care? Yes No
Does your family currently receive services /support through Child Protective Services (CPS), Family Assessment Response (FAR), Indian Child Welfare (ICW), comparable tribal services, or law enforcement/court system? Yes No
Has your family received services/support from CPS/FAR/ICW, comparable tribal services, or law enforcement/court system in the past? Yes No
Is your family currently approved for childcare through CPS or FAR? Yes – How many approved hours per week? No
Has this child ever been asked to leave an early learning program because of behavior issues? Yes No

### Child Information – Health

Does this child have medical insurance? Yes No
<b>If yes, what type?</b> Washington Apple Health/ProviderOne Private Insurance Tribal Military Medical Coverage
Does this child have a regular doctor or medical clinic? Yes - Name of clinic/provider: Name of medical professional: No
Did this child have a well-child exam within the last 12 months? Yes – Date of last exam (month/day/year): No Date Unknown

Does this child have dental insurance? Yes No
<b>If yes, what type?</b> Washington Apple Health/ProviderOne Private Insurance Tribal ABCD Military Dental Coverage
Does this child have a regular dentist or dental clinic? Yes - Name of clinic/provider: Name of dental professional: No
Did this child have dental exam within the last 6 months? Yes – Date of last exam (month/day/year): No Date Unknown

What is your child's immunization status? Fully immunized Exempt Not fully immunized or exempt Not sure
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## Early Learning Application 2022-2023 Child's Name (Last, First):

Does this child have a chronic health condition (may include mental health, asthma, cancer, diabetes, seizures, ADHD, autism, spina bifida, sickle cell disease, or life-threatening allergies)?

Yes – Please describe:

The health condition is considered: Severe Moderate Mild

No

Has a Health Care Provider diagnosed this condition? Yes No

### Child Information - Development

Do you have concerns about this child's health? Yes – check all that apply below No

Low birth weight (less than 5.5 lbs/5 lbs 8 oz.)

Preterm birth less than 37 weeks

Drug/alcohol affected

Hearing

Fine motor/gross motor

Tooth pain/decay/bleeding gums

Vision

Food intolerance/special diet –

Please describe:

Does this child have a **current and active** Individual Education Plan (IEP) or Individual Family Service Plan (IFSP)?

Yes – Please provide a copy with your application.

No – Check if any of these apply:

My child has a diagnosed developmental delay or disability, has no IEP, or is being referred for evaluation.

My child has a suspected developmental delay or disability.



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# Early Learning Application 2022-2023 Child's Name (Last, First):

## Parent/Guardian Information

This child lives with:

One parent/guardian (**complete Parent/Guardian 1**)

Two parents/guardians in the same household (**complete Parent/Guardian 1 & 2**)

Two parents/guardians in two households (**complete Parent/Guardian 1 & 2**)

	Parent/Guardian 1	Parent/Guardian 2
Name		
Relationship to child	Biological/Adopted/Stepparent Foster Parent      Aunt/Uncle Grandparent      Other:	Biological/Adopted/Stepparent Foster Parent      Aunt/Uncle Grandparent      Other:
Gender	M F Not specified	M F Not specified
Date of Birth (month/day/year)		
Address (include City, State, Zip)		
Phone	Home Cell Work	Home Cell Work
Alternate Phone	Home Cell Work	Home Cell Work
Email		
Were you under age 18 when this child was born?	Yes No N/A	Yes No N/A
What language(s) do you speak?		
Do you need an interpreter for this language?	Yes No	Yes No
What is your race? Check all that apply	African/African American/Black Asian Alaska Native/Native American/American Indian Native Hawaiian or Pacific Islander White Not listed above:	African/African American/Black Asian Alaska Native/Native American/American Indian Native Hawaiian or Pacific Islander White Not listed above:



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**Early Learning Application 2022-2023** Child's Name (Last, First):

	Parent/Guardian 1	Parent/Guardian 2
What is the <b>highest</b> level of education you completed?	6 <sup>th</sup> grade or less 7 <sup>th</sup> to 12 <sup>th</sup> grade, no diploma or GED High school diploma GED Some college/advanced training College/professional certificate Associate degree Bachelor's degree Master's or doctorate degree None	6 <sup>th</sup> grade or less 7 <sup>th</sup> to 12 <sup>th</sup> grade, no diploma or GED High school diploma GED Some college/advanced training College/professional certificate Associate degree Bachelor's degree Master's or doctorate degree None



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	Parent/Guardian 1	Parent/Guardian 2
Are you currently employed?	Yes – How many hours per week (including travel)?  Employer name & phone #:  No No, retired or disabled Seasonal	Yes – How many hours per week (including travel)?  Employer name & phone #:  No No, retired or disabled Seasonal
Are you currently in job training or school?	Yes – How many hours per week (including class time, study time, travel)?  School name & major/goal:  No	Yes – How many hours per week (including class time, study time, travel)?  School name & major/goal:  No
Are you in an approved WorkFirst activity?	Yes – Describe the activity and the number of approved hours per week: No	Yes – Describe the activity and the number of approved hours per week: No
Are you or have been in the U.S. military?	Yes, current service member Yes, currently deployed or have been in the last 12 months/ for a total of 19 months Yes, veteran No	Yes, current service member Yes, currently deployed or have been in the last 12 months/ for a total of 19 months Yes, veteran No

## Family Concerns

Please check areas of concern that you have for yourself/family in your household.



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**Early Learning Application 2022-2023** Child's Name (Last, First):

Household member has a disability <b>or</b> has a chronic physical or mental health condition <b>and</b> is:	Family is socially isolated, with complete or near-complete lack of contact with others	Recent immigrant/refugee (past 5 years)
Unable to engage in work/school/family life	Child's parent/guardian concern for getting or keeping a job	Child's parent/guardian is incarcerated
Somewhat able to engage in work/school/family life	Family has legal concerns	Loss of a parent (death, abandonment, or deportation)
Mostly able to engage in work/school/family life	Child has a family member who attended Indian Boarding School	Child's parents/guardians divorced or separated during child's life
Child's parent/guardian has learning difficulties, no disability	Child's parent/guardian is a migrant or seasonal worker with more than half of family income coming from agricultural work	Family previously homeless (in the last 12 months)
Household domestic violence (past or current), including <i>in utero</i>	Parent and child moved to engage in traditional cultural practices or employment (seasonal or temporary in agricultural or fishing)	Family concerns with housing
Household drug/alcohol issues or substance abuse (past or current), including <i>in utero</i>		



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**Family Living Situation**

Does this household receive subsidized housing such as a housing voucher or cash assistance for housing? Yes No

What is your family's current housing situation? **The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. Your answers may help us determine the services your child may be eligible to receive.**

Own In someone else's house or apartment with another family:  
 Rent > By choice (e.g., to share responsibilities, to be close to family, etc.)  
 -----  
 > Due to loss of housing, economic hardship, or similar reason  
 In a motel Transitional Housing  
 In a shelter Moving from place to place/couch surfing  
 A car, park, campsite, or similar location In a residence with inadequate facilities (no water, heat, electricity)  
 -----  
 Other – Please describe:

**Family Income and Family Size**

Check all that apply if you, this child, or another person living in your home related to you by blood, marriage, or adoption receive these types of Public Assistance.  
 SSI for disability received by: Child Parent/Guardian Other – Relationship to child:  
 Temporary Assistance for Needy Families (TANF) cash

Check all that apply if your family receives the following:  
 Child-only TANF WorkFirst Working Connections Child Care subsidy SNAP WIC

Were you referred to this program by an agency? Yes - Name: No

**Please list additional people living in this child's primary household below, not including yourself or this child.**

Name (First and Last)	Birthdate (month/day/year)	Relationship to child	Do you financially support this person?	Is this person related to you by blood, marriage, or adoption?
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No



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**Early Learning Application 2022-2023** Child's Name (Last, First):

			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No

What is the <b>total number</b> of family members living in your home, including yourself and this child?
What is your <b>total estimated</b> household income for the last calendar year or the last 12 months?



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# Early Learning Application 2022-2023 Child's Name (Last, First):

I promise that the information on this form is true and correct. I have reported all my income and family size, as required by the Early Learning Programs. If I knowingly provide false information, I understand my family may be unable to continue program services. Additionally, if my child is enrolled in ECEAP, I may have to repay the amount spent on my child.

I understand that information from this application is entered in various Early Learning databases operated by the Department of Children, Youth, and Families (DCYF) and Puget Sound Educational Service District (PSESD). DCYF and PSESD are committed to protecting confidential and personal information that could identify a child or family. No information related to immigration status is entered in the databases or shared with state or federal agencies. Information in the databases may be used for the following:

- Research studies to determine if participating in Early Learning helps children later in life.
- To prove Washington State spends some of their own dollars on programs for families, which is required to receive Temporary Assistance for Needy Families dollars from the federal government.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(ECEAP Staff: Enter this date in ELMS)

**\*Staff Only – If not signed, complete below. Parent signature must be obtained as soon as possible, or no later than the enrollment visit.**

**Reviewed and received verbal verification on (date):**

**Staff Initials:**

(ECEAP Staff: Enter this date in ELMS if not signed – you cannot update this once the ELMS application is locked)

## PSESD Early Learning Staff Only

**Section 1:** Staff who finalize and determine eligibility complete this section before placing in the Master Waitlist Drawer

Child's Age:	Total Verified Family Size:	Total Verified Income:	Total Points:
Site Name/ID:		Date received: <small>(This date will determine eligibility timeframe)</small>	
Date staff reviewed application with family:		Date sent to PSESD (N/A for ECEAP only sites):	

**EHS Only** - Is this child a newborn taking the mother's slot?  
 Yes No If yes, mother's name:

**Section 2:** For McKinney-Vento Act children/families. Check services the family received. Staff should provide resources within 24-48 hours.

Childcare resources	Immunization/medical records	Medicaid/DSHS services – Food stamps/TANF
Clothing resources	Vision referral	College/vocational/technical resources
School supplies	Hygiene products/toiletries	School transportation (if site provides)
Medical/dental referral	Food resources	Other:
Housing/shelter referral	Birth certificate	



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**Early Learning Application 2022-2023** Child's Name (Last, First):

Staff Name & Signature:	Date:
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