# Early Learning Application 2025-2026

Early Learning psesd excellence & equity in education
Puget Sound Educational Service District

| Staff Only | ChildPlus ID: | ELMS ID: | Date Received: |
|---|---|---|---|

## Child Information – General

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

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|---|---|---|---|
| What is this child's home language? | | 2nd 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 |

Child is (Check all that apply):

| | | |
|---|---|---|
| ☐ African/African American/Black | ☐ Hispanic/Latino | ☐ Decline to Report |
| ☐ Asian | ☐ Native Hawaiian or Pacific Islander | ☐ Not listed: |
| ☐ Alaska Native/Native American/American Indian | ☐ White | |

What is your family's heritage/tribe/country of origin?

**Staff Only:** If this child is applying for ECEAP, and parent has marked Alaska Native/Native American/American Indian, please confirm whether this child is a member or eligible for membership in a Federally recognized tribe.

Has this child been previously enrolled in these programs?

| | | |
|---|---|---|
| ☐ Early Support for Infants and Toddlers (ESIT), IDEA Part C, ECLIPSE | ☐ Head Start/Early Head Start/ECEAP/Early ECEAP in another Washington State County, not a PSESD Program | ☐ Previous preschool enrollment (ages 3-5) |
| ☐ Head Start/Early Head Start/ECEAP/Early ECEAP in King or Pierce County, Washington State, or a PSESD Program | ☐ Migrant/Seasonal Head Start anywhere in Washington State | ☐ No previous preschool enrollment (ages 3-5) |

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 **sibling** of a child currently enrolled in the program you are applying to? ☐ Yes ☐ No

**Foster or Kinship Care:**

*Is this child in official foster care or kinship care **with** a grant amount? ☐ Yes ☐ No

**If yes,** 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:

* Is this child in kinship care **without** a grant amount? ☐ Yes ☐ No

* Was this child adopted after foster or kinship care, or from orphanage in another country? ☐ Yes ☐ No

* Was this child recently reunited with parent(s) after foster care or kinship care? ☐ Yes ☐ No

| Child's First Name: | Child's Last Name: |
|---|---|

| **The questions below are for information only. Answering "Yes" will not affect your eligibility or enrollment in the program.** |
|---|
| 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?<br>☐ 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

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

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

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| What is your child's immunization status? ☐ Fully immunized ☐ Exempt ☐ Not fully immunized or exempt ☐ Not sure |

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| 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)?<br>☐ Yes – Please describe: The health condition is considered: ☐ Severe ☐ Moderate ☐ Mild<br>☐ No Has a Health Care Provider diagnosed this condition? ☐ Yes ☐ No |

| Child's First Name: | Child's Last Name: |
|---|---|

## 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.)
☐ Hearing
☐ Vision
☐ Preterm birth less than 37 weeks
☐ Fine motor/gross motor
☐ Food intolerance/special diet –
Please describe:
☐ Drug/alcohol affected
☐ Tooth pain/decay/bleeding gums

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

☐ Yes – Please provide a copy with your application.

☐ No – Check if any of these apply:

- ☐ My child had an evaluation and was determined eligible for an IEP, but we are waiting for IEP to be issued or declined services.
- ☐ My child has had an IFSP in the past but did not transition to an IEP with the school district.
- ☐ My child has a diagnosed developmental delay or disability with no IEP, **or** is being referred for evaluation.
- ☐ My child has a suspected developmental delay or disability.
- ☐ I have concerns about my child's development.
- ☐ None apply

## 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** |
|---|---|---|
| First Name | | |
| Last Name(s) | | |
| Relationship to child | ☐ Biological/Adopted/Stepparent<br>☐ Foster Parent ☐ Aunt/Uncle<br>☐ Grandparent ☐ Other: | ☐ Biological/Adopted/Stepparent<br>☐ Foster Parent ☐ Aunt/Uncle<br>☐ Grandparent ☐ Other: |
| Gender | ☐ M ☐ F | ☐ M ☐ F |
| 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? | | |

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| Child's First Name: | Child's Last Name: |
|---|---|

| | Parent/Guardian 1 | Parent/Guardian 2 |
|---|---|---|
| Do you need an interpreter for this language? | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Do you or any members of your family have ADA or other accessibility needs we can support? | ☐ Yes ☐ No | ☐ Yes ☐ No |
| You are (Check all that apply): | ☐ African/African American/Black<br>☐ Asian<br>☐ Alaska Native/Native American/American Indian<br>☐ Hispanic/Latino<br>☐ Native Hawaiian or Pacific Islander<br>☐ White<br>☐ Decline to Report<br>☐ Not listed above: | ☐ African/African American/Black<br>☐ Asian<br>☐ Alaska Native/Native American/American Indian<br>☐ Hispanic/Latino<br>☐ Native Hawaiian or Pacific Islander<br>☐ White<br>☐ Decline to Report<br>☐ Not listed above: |
| What is the **highest** level of education you completed? | ☐ 6th grade or less<br>☐ 7th to 12th grade, no diploma or GED<br>☐ High school diploma<br>☐ GED<br>☐ Some college/advanced training<br>☐ College/professional certificate<br>☐ Associate degree<br>☐ Bachelor's degree<br>☐ Master's or doctorate degree<br>☐ None | ☐ 6th grade or less<br>☐ 7th to 12th grade, no diploma or GED<br>☐ High school diploma<br>☐ GED<br>☐ Some college/advanced training<br>☐ College/professional certificate<br>☐ Associate degree<br>☐ Bachelor's degree<br>☐ Master's or doctorate degree<br>☐ None |
| Are you currently employed? | ☐ Yes – How many hours per week (including travel)?<br>Employer name & phone #:<br>☐ No<br>☐ No, retired or disabled<br>☐ Seasonal | ☐ Yes – How many hours per week (including travel)?<br>Employer name & phone #:<br>☐ No<br>☐ No, retired or disabled<br>☐ Seasonal |
| Are you currently in job training or school? | ☐ Yes – How many hours per week (including class time, study time, travel)?<br>School name & major/goal:<br>☐ No | ☐ Yes – How many hours per week (including class time, study time, travel)?<br>School name & major/goal:<br>☐ No |
| Are you in an approved WorkFirst activity? | ☐ Yes – Describe the activity and the number of approved hours per week:<br>☐ No | ☐ Yes – Describe the activity and the number of approved hours per week:<br>☐ No |
| Are you or have been in the U.S. military? | ☐ Yes, current service member<br>☐ Yes, currently deployed or have been in the last 12 months/for a total of 19 months<br>☐ Yes, veteran<br>☐ No | ☐ Yes, current service member<br>☐ Yes, currently deployed or have been in the last 12 months/for a total of 19 months<br>☐ Yes, veteran<br>☐ No |

| Child's First Name: | Child's Last Name: |
|---|---|

## Family Concerns

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

- ☐ Household member has a disability **or** has a chronic physical or mental health condition **and** is:
  - ☐ Unable to engage in work/school/family life
  - ☐ Somewhat able to engage in work/school/ family life
  - ☐ Mostly able to engage in work/school/family life
- ☐ Child's parent/guardian has learning difficulties, no disability
- ☐ Household domestic violence (past or current), including *in utero*
- ☐ Household drug/alcohol issues or substance abuse (past or current), including *in utero*
- ☐ Family is socially isolated, with complete or near-complete lack of contact with others
- ☐ Child's parent/guardian has concern for getting or keeping a job
- ☐ Family has legal concerns
- ☐ Child has a family member who attended Indian Boarding School
- ☐ Child's parent/guardian is a migrant or seasonal worker with more than half of family income coming from agricultural work
- ☐ Parent and child moved to engage in traditional cultural practices or employment (seasonal or temporary in agriculture or fishing)
- ☐ Child's parent/guardian is/has been incarcerated
- ☐ Loss of a parent (death, abandonment)
- ☐ Child's parents/guardians divorced or separated during child's life
- ☐ Family was previously homeless (in the last 12 months)
- ☐ Family has concerns with housing
- ☐ None

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

## Family Income and Family Size

Does a parent/guardian in your household pay legally binding child support to another household? ☐ Yes ☐ No

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 ☐ Child-only TANF

☐ Basic Food (SNAP/FAP) ☐ WorkFirst ☐ Working Connections Child Care subsidy ☐ WIC ☐ None

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| Child's First Name: | Child's Last Name: |
|---|---|

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| Were you referred to this program by an agency? ☐ No ☐ Yes - Name: |
| How did you find out about this program? |

| **Please list all people living in this child's primary household** | | | | |
|---|---|---|---|---|
| Name (First and Last) | Birthdate (month/day/year) | Relationship to child | Is this person financially supported by parent/guardian of child? | Is this person related to parent/guardian of child by blood, marriage, or adoption? |
| Applying Child: | | Applying Child | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Parent/Guardian: | | Parent/Guardian | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Parent/Guardian: | | Parent/Guardian | ☐ 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 |
| | | | ☐ Yes ☐ No | ☐ Yes ☐ No |

I promise that the information on this form is true and correct. I have authority to enroll this child and will report 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 these databases or shared with state or federal agencies. Information in these 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)