

Agency: _____	Site Name: _____
Assigned Classroom: _____	Teacher: _____
<input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> Full Day	

CHILD ENROLLMENT FORM School Year 2010-2011 Step Ahead ECEAP Head Start Match

CHILD INFORMATION

1. Last Name: _____ First: _____ Middle: _____

2. Child's Birth Date ____/____/____ 3. Sex: F M

Living Address: _____

4. _____ City: _____ State: _____ Zip: _____

Mailing Address: _____

5. _____ City: _____ State: _____ Zip: _____

6. County: _____ 7. School District (*if known*): _____

8. Daytime Phone: (____) _____ Evening Phone: (____) _____ Message Phone: (____) _____

9. Is child of Spanish/Hispanic/Latino ethnicity (*optional*): Yes No **This question is about ethnicity, not race.**

10. Race (*optional*) White Asian Native Hawaiian/Pacific Islander
 American Indian or Alaska Native Black, African, or African American

11. Languages Spoken in Home:
 Primary: _____ Secondary: _____

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 7 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.*

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

Child has:

Attended preschool Head Start ECEAP Other preschool program Total number of months: _____

Did child attend **Head Start** as a three year old? Yes No Full Day Part Day
 How many months? _____

Did child attend **ECEAP** as a three year old? Yes No Full Day Part Day
 How many months? _____

Did child attend **other Preschool** as a three year old? Yes No Full Day Part Day
 How many months? _____

Received care at a child care home:
 Licensed Full time Part time Total number of months: _____

Been cared for by friend or neighbor or family member, other than the parent:
 Full time Part time Total number of months: _____

Child or Family has:

Received regular home visits through a program, such as Nurse Family Partnership, Promoting First Relationships or Parents as Teachers: Total number of months: _____

Child Participated in **Parent Child Home Program (PCHP)** Yes No

CHILD ENROLLMENT FORM

PARENT/CARETAKER INFORMATION

Parent 1		Parent 2	
<p><i>Name</i></p> <hr/> <p>16. (Last) (First) (MI)</p> <p>17. Gender: <input type="checkbox"/> F <input type="checkbox"/> M</p> <p>18. Relationship to Child:</p> <p><input type="checkbox"/> Parent (biological/adoptive)</p> <p><input type="checkbox"/> Parent (legal stepparent)</p> <p><input type="checkbox"/> Grandparent</p> <p><input type="checkbox"/> Foster Parent <i>(If yes, skip to question #26)</i></p> <p><input type="checkbox"/> Other Caretaker</p> <p><input type="checkbox"/> Relative: _____</p> <p><input type="checkbox"/> Other Legal Guardian</p> <p>19. Age: <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-55 <input type="checkbox"/> Over 55</p> <p>20. Education Level:</p> <p><input type="checkbox"/> 6th grade or less <input type="checkbox"/> Some college</p> <p><input type="checkbox"/> 7th-9th grade <input type="checkbox"/> 2-year degree</p> <p><input type="checkbox"/> 10th-12th grade <input type="checkbox"/> 4-year degree</p> <p><input type="checkbox"/> High School Diploma <input type="checkbox"/> Vocational degree</p> <p><input type="checkbox"/> GED <input type="checkbox"/> Other</p> <p>21. Check any education or training currently involved in (check all that apply):</p> <p><input type="checkbox"/> ESL <input type="checkbox"/> High School</p> <p><input type="checkbox"/> GED <input type="checkbox"/> Even Start</p> <p><input type="checkbox"/> Voc/tech Program <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> College <input type="checkbox"/> None</p> <p>22. Employment Status</p> <p><input type="checkbox"/> Full-time <input type="checkbox"/> Looking for work</p> <p><input type="checkbox"/> Part-time <input type="checkbox"/> Not looking for work</p> <p>23. Migrant/Seasonal Farm Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>24. Parent/Caretaker is enrolled in medical/dental plan (check all that apply)</p> <p><input type="checkbox"/> Medicaid</p> <p><input type="checkbox"/> Medicare</p> <p><input type="checkbox"/> Washington Basic Health Plan</p> <p><input type="checkbox"/> Washington Basic Health Plan Plus</p> <p><input type="checkbox"/> Private/Employer Medical Insurance</p> <p><input type="checkbox"/> Private/Employer Dental Insurance</p> <p><input type="checkbox"/> Other: _____</p> <p>25. Parent/Caretaker has primary health care provider or medical home <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>Name</i></p> <hr/> <p>(Last) (First) (MI)</p> <p>Gender: <input type="checkbox"/> F <input type="checkbox"/> M</p> <p>Relationship to Child:</p> <p><input type="checkbox"/> Parent (biological/adoptive)</p> <p><input type="checkbox"/> Parent (legal stepparent)</p> <p><input type="checkbox"/> Grandparent</p> <p><input type="checkbox"/> Foster Parent <i>(If yes, skip to question #26)</i></p> <p><input type="checkbox"/> Other Caretaker</p> <p><input type="checkbox"/> Relative: _____</p> <p><input type="checkbox"/> Other Legal Guardian</p> <p>Age: <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-55 <input type="checkbox"/> Over 55</p> <p>Education Level:</p> <p><input type="checkbox"/> 6th grade or less <input type="checkbox"/> Some college</p> <p><input type="checkbox"/> 7th-9th grade <input type="checkbox"/> 2-year degree</p> <p><input type="checkbox"/> 10th-12th grade <input type="checkbox"/> 4-year degree</p> <p><input type="checkbox"/> High School Diploma <input type="checkbox"/> Vocational Degree</p> <p><input type="checkbox"/> GED <input type="checkbox"/> Other</p> <p>Check any education or training currently involved in (check all that apply):</p> <p><input type="checkbox"/> ESL <input type="checkbox"/> High School</p> <p><input type="checkbox"/> GED <input type="checkbox"/> Even Start</p> <p><input type="checkbox"/> Voc/tech Program <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> College <input type="checkbox"/> None</p> <p>Employment Status</p> <p><input type="checkbox"/> Full-time <input type="checkbox"/> Looking for work</p> <p><input type="checkbox"/> Part-time <input type="checkbox"/> Not looking for work</p> <p>Migrant/Seasonal Farm Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Parent/Caretaker is enrolled in medical/dental plan (check all that apply)</p> <p><input type="checkbox"/> Medicaid</p> <p><input type="checkbox"/> Medicare</p> <p><input type="checkbox"/> Washington Basic Health Plan</p> <p><input type="checkbox"/> Washington Basic Health Plan Plus</p> <p><input type="checkbox"/> Private/Employer Medical Insurance</p> <p><input type="checkbox"/> Private/Employer Dental Insurance</p> <p><input type="checkbox"/> Other: _____</p> <p>Parent/Caretaker has primary health care provider or medical home <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

CHILD ENROLLMENT FORM

HOUSEHOLD INFORMATION

26. Family Size: _____ (See Page 7 for more information.)
27. Eligibility is Based on Income
**(Check one, or go to question #28 if family is over 110% Federal Poverty Level [FPL])
(Count income from all sources as listed on page 7.)**
- Annual or previous 12 month's gross income \$ _____
- Current/previous month's gross income: \$ _____
28. Family is over 110% FPL. Annual or previous 12 month's gross income: \$ _____
Federal Poverty Guidelines (FPG): _____%
ECEAP Eligibility is Based on **(check one)**
- Child is at risk due to environmental factors
- Child is at risk due to developmental factors
29. Income Source **(check all that apply, also see page 6 to apply for cost assistance):**
- | | | |
|--|--|--|
| <input type="checkbox"/> Wages/Salary | <input type="checkbox"/> Child Support | <input type="checkbox"/> Pension, Retirement, and/or Social Security |
| <input type="checkbox"/> Supplemental Security (SSI) | <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Alimony/Spousal Support |
| <input type="checkbox"/> TANF | <input type="checkbox"/> Other: _____ | |
30. Family accesses the following social services **(check all that apply):**
- | | | | |
|--------------------------------------|--|--|--|
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> WIC | <input type="checkbox"/> Energy Assistance | <input type="checkbox"/> Homeless Services |
| <input type="checkbox"/> Food Banks | <input type="checkbox"/> Housing Subsidies | <input type="checkbox"/> Other Local Programs (please specify): _____ | |

CHILD MEDICAL/DENTAL HEALTH INFORMATION

31. **Child is enrolled in the following medical insurance and/or child health programs (check all that apply):**
- | | |
|---|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Washington Basic Health Plan |
| <input type="checkbox"/> Children's Health Insurance Program (CHIP) | <input type="checkbox"/> Washington Basic Health Plan Plus |
| <input type="checkbox"/> Private Medical Insurance | <input type="checkbox"/> No Medical Insurance <input type="checkbox"/> Other |
32. **Child is enrolled in the following dental insurance and/or dental health programs (check all that apply):**
- Medicaid, Washington Basic Health Plan Plus, or Children's Health Insurance Program (CHIP)
(These health programs include dental coverage.)
- | | |
|--|--|
| <input type="checkbox"/> Private Medical Insurance | <input type="checkbox"/> No Medical Insurance <input type="checkbox"/> Other |
|--|--|
33. **Child has primary health care provider or medical home:**
- Yes No
34. 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 ECEAP/Step Ahead **(must be completed within 90 days of the first service date):** ____ / ____ / ____
35. 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 ECEAP/Step Ahead **(must be completed within 90 days of the first service date):** ____ / ____ / ____
36. Child is fully immunized with age appropriate vaccines (per DOH Immunization Schedule): Yes No **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).**
- a) If child is not fully immunized at time of enrollment, an immunization schedule is in progress: Yes No
- b) If child is not immunized, a DOH required Statement of Exemption to Immunization Law is signed and on file:
 Yes No
- c) Date child became fully immunized while in ECEAP/Step Ahead: ____ / ____ / ____

CHILD ENROLLMENT FORM

SEEC/Step Ahead is funded by the Seattle Families & Education Levy and ECEAP is funded by the State of Washington Department of Early Learning. 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.

I hereby authorize Seattle Public Schools to release to the City of Seattle as administrator of both SEEC/Step Ahead and City of Seattle ECEAP 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.

Child's Name _____

Relationship to Child _____

Signature of Parent or Caretaker _____

Date _____

Signature of Person who Verified Eligibility _____

Date _____

Established Eligibility

For Agency Staff Use Only

Enrollment Information:

37. Enrollment date: ____ / ____ / ____ *(Date when enrollment process is confirmed and slot is reserved.)*

38. Did child receive ECEAP services in the previous year: Yes No

39. Has child received ECEAP/Step Ahead services from another contractor this program year:
 Yes No If yes, what city? _____

40. Child will be transported by ECEAP/Step Ahead One way Both ways
 Not transported by ECEAP/Step Ahead

41. Site code: _____ First service date: ____ / ____ / ____

Exit date: ____ / ____ / ____

Reason: _____

Transfers>Returns: *(To be used when child transfers from another ECEAP/Step Ahead site, or exits the program and returns during the same program year.)*

42. Transfer/ Return Site code: _____ Service date: ____ / ____ / ____
Exit date: ____ / ____ / ____

43. Transfer/ Return Site code: _____ Service date: ____ / ____ / ____
Exit date: ____ / ____ / ____

Comments to CSU: _____

Form type: New enrollment Update medical-dental Update transfer or return
 Notify that child exited

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
- Other _____

**City of Seattle
ECEAP/Step Ahead
Seattle Early Education Collaborative (SEEC)
PARENT/GUARDIAN CONSENT FORM**

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 involved in Step Ahead or Seattle Early Education Collaborative (SEEC).

Parent/Guardian Initials	Item
	To receive a developmental skills assessment, e.g., Devereux Early Childhood Assessment (DECA), Early Screening Inventory (ESI), speech/language fine and gross motor screening, behavioral screening, Ages/Stages.
	To be transported on program field trips about which I have been notified.
	To be photographed or video-taped for educational purposes and advertising ECEAP/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 dental screenings, <i>(if such services are available)</i> .
	To receive weight and height screenings.
	To receive hearing screenings.
	To receive vision screenings.

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.

Parent/Guardian Signature

Date

Staff Signature

Date

Program Name

CHILD ENROLLMENT FORM

City of Seattle Subsidy Addendum

Information on this page is only needed if applying for City of Seattle cost assistance for full day program.

Eligibility includes: Family's income is between 200% - 300% Federal Poverty Guidelines, and
 Family is not eligible for other subsidy programs, and
 Family lives in City of Seattle

Parent/Caretaker Name: _____ Date of Birth: _____ Ethnicity _____ Language _____ E-mail Address: _____ Employer Name: _____ Employer Address: _____ Work Phone: _____ Job Title: _____ Start Date: _____ Is Parent/Caretaker Attending School? Yes <input type="checkbox"/> No <input type="checkbox"/> Training Program Title: _____ School Name: _____	Parent/Caretaker Name: _____ Date of Birth: _____ Ethnicity _____ Language _____ E-mail Address: _____ Employer Name: _____ Employer Address: _____ Work Phone: _____ Job Title: _____ Start Date: _____ Is Parent/Caretaker Attending School? Yes <input type="checkbox"/> No <input type="checkbox"/> Training Program Title: _____ School Name: _____
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<p>Income Check all that apply & enter monthly amount before deductions.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Wages/Salary (including self-employed income)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Child Support, Alimony Received</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Pension, Retirement, Social Security</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Supplemental Security (SSI)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Unemployment Benefits</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Alimony/Spousal Support</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> TANF</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other (explain)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Financial Aid</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Child Support PAID Out</td> <td style="text-align: right;">(-\$ _____)</td> </tr> <tr> <td>Total Monthly Income</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	<input type="checkbox"/> Wages/Salary (including self-employed income)	\$ _____	<input type="checkbox"/> Child Support, Alimony Received	\$ _____	<input type="checkbox"/> Pension, Retirement, Social Security	\$ _____	<input type="checkbox"/> Supplemental Security (SSI)	\$ _____	<input type="checkbox"/> Unemployment Benefits	\$ _____	<input type="checkbox"/> Alimony/Spousal Support	\$ _____	<input type="checkbox"/> TANF	\$ _____	<input type="checkbox"/> Other (explain)	\$ _____	<input type="checkbox"/> Financial Aid	\$ _____	<input type="checkbox"/> Child Support PAID Out	(-\$ _____)	Total Monthly Income	\$ _____	<p>Income Check all that apply & enter monthly amount before deductions</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Wages/Salary (including self-employed income)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Child Support, Alimony Received</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Pension, Retirement, Social Security</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Supplemental Security (SSI)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Unemployment Benefits</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Alimony/Spousal Support</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> TANF</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other (explain)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Financial Aid</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Child Support PAID Out</td> <td style="text-align: right;">(-\$ _____)</td> </tr> <tr> <td>Total Monthly Income</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	<input type="checkbox"/> Wages/Salary (including self-employed income)	\$ _____	<input type="checkbox"/> Child Support, Alimony Received	\$ _____	<input type="checkbox"/> Pension, Retirement, Social Security	\$ _____	<input type="checkbox"/> Supplemental Security (SSI)	\$ _____	<input type="checkbox"/> Unemployment Benefits	\$ _____	<input type="checkbox"/> Alimony/Spousal Support	\$ _____	<input type="checkbox"/> TANF	\$ _____	<input type="checkbox"/> Other (explain)	\$ _____	<input type="checkbox"/> Financial Aid	\$ _____	<input type="checkbox"/> Child Support PAID Out	(-\$ _____)	Total Monthly Income	\$ _____
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Please list all family members who reside in the home:

Name	Relationship	Gender	DOB	Ethnicity	Language

Documentation of income is required. Employed Parent/Caretaker: Include wage stubs to cover latest month of employment. Three months of wage stubs are required if income varies. Self-employed parent/caretaker must fill out 6 month income and expense form, and provide receipts for one month. For child support, a six month payment history is required.

Student Parent/Caretaker: Attach class schedule, an official copy of registration, and financial aid award letter (if applicable). Income documentation is also required.

CHILD ENROLLMENT FORM

Additional Information to Complete Enrollment Form

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 nighttime 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 (See question 26)

Family Size:

- Count all persons living in the household with the ECEAP/Step Ahead child who share finances and are related to the child's parent by blood, marriage, adoption, or other legal obligation to provide support for the child.
- 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: (See question 27)

Count the following income:

- Gross wages or salaries, and net income from self-employment, 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.

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.
- Scholarships/educational grants for tuition.

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
- Twelve months before enrollment, or
- Previous or current month, when recent income is significantly decreased due to death, divorce, unexpected job loss, or similar circumstance.

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