

## Application Form

### Child Care Assistance Program in Preschool

For interpretation services or translated materials, please contact us: 206-386-1050 or [CCAP@seattle.gov](mailto:CCAP@seattle.gov)



### Step 1: Fill out the Application

This form is to be completed by parents who are already enrolling their child(ren) in the Seattle Preschool Program (SPP) or Pathway to SPP and have submitted the enrollment packet for that program.

The Child Care Assistance Program (CCAP) is open to all eligible children, regardless of their citizenship status, race, gender, ethnicity or developmental need. Seattle is a Welcoming City because we believe in inclusion and equity. City employees do not ask about citizenship status and serve all residents regardless of immigration status. Immigrants and refugees are welcome here. CCAP is a program of the Department of Education and Early Learning (DEEL) in the City of Seattle. To best serve your child, please answer the following questions.

FIRST PARENT/GUARDIAN INFORMATION			
First Name:	Middle Name:	Last Name:	
EMPLOYMENT or SCHOOL		WORK or CLASS SCHEDULE	
Job/training program title:	From (time) to (time)	From (time) to (time)	
Employer/School:	Sun	Thurs	
	Mon	Fri	
	Tues	Sat	
	Weds		
Start Date:			

SECOND PARENT/GUARDIAN INFORMATION (if in the same home and related by blood or marriage)			
First Name:	Middle Name:	Last Name:	
EMPLOYMENT or SCHOOL		WORK or CLASS SCHEDULE	
Job/training program title:	From (time) to (time)	From (time) to (time)	
Employer/School:	Sun	Thurs	
	Mon	Fri	
	Tues	Sat	
	Weds		
Start Date:			

How did you learn about the City of Seattle's Child Care Assistance Program?
<input type="checkbox"/> Child Care Resources <input type="checkbox"/> DCYF/Working Connections <input type="checkbox"/> Flyer <input type="checkbox"/> Website <input type="checkbox"/> Provider <input type="checkbox"/> Other _____

**CCAP uses the information below to help determine how much subsidy you will receive.** Subsidy is determined based on family size, family income, along with the child's age group.

**List below** any dependent children and adoptive siblings under the age of 18 and living in the same home.

Do any of the children listed below meet the following situations?  Yes  No

Child is in foster care or lives with a non-parent who receives a state, tribal, or SSI payment on behalf of the child.

The family receives Child Protective Services (CPS), Indian Child Welfare (ICW) Services, or Family Assessment Response (FAR).

Names of ALL children under 18 (or still attending high school) currently residing at this address	Birth Date	Gender	Race/Ethnicity	Does child need CCAP subsidy?	Complete only if you're requesting subsidy for this child		
					School/ Provider <small>Please specify location or CCAP ASA number.</small>	Is child already enrolled here?	Date start(ed) attending
				<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	

Please complete the planning chart for school-aged children if your child will be in school this year (K-6<sup>th</sup> grade) and needs before and/or after school care.

### PLANNING CHART FOR SCHOOL-AGED CHILDREN

Please add names of school-aged children to each column and indicate level of care needed.				
Child Name →				
<b>School Year Overall</b>	<input type="checkbox"/> Before school from Time: ____ to Time: ____ <input type="checkbox"/> After school from Time: ____ to Time: ____	<input type="checkbox"/> Before school from Time: ____ to Time: ____ <input type="checkbox"/> After school from Time: ____ to Time: ____	<input type="checkbox"/> Before school from Time: ____ to Time: ____ <input type="checkbox"/> After school from Time: ____ to Time: ____	<input type="checkbox"/> Before school from Time: ____ to Time: ____ <input type="checkbox"/> After school from Time: ____ to Time: ____
<b>Mid-Winter Break</b>	<input type="checkbox"/> Full time care (Tues-Fri)	<input type="checkbox"/> Full time care (Tues-Fri)	<input type="checkbox"/> Full time care (Tues-Fri)	<input type="checkbox"/> Full time care (Tues-Fri)
<b>Spring Break</b>	<input type="checkbox"/> Full time care (Mon-Fri)	<input type="checkbox"/> Full time care (Mon-Fri)	<input type="checkbox"/> Full time care (Mon-Fri)	<input type="checkbox"/> Full time care (Mon-Fri)
<b>Summer Break</b> <i>(End of June to Early September)</i>	<input type="checkbox"/> Full time care from Date: ____ to Date: ____ <input type="checkbox"/> Child will change providers over the summer to: _____	<input type="checkbox"/> Full time care from Date: ____ to Date: ____ <input type="checkbox"/> Child will change providers over the summer to: _____	<input type="checkbox"/> Full time care from Date: ____ to Date: ____ <input type="checkbox"/> Child will change providers over the summer to: _____	<input type="checkbox"/> Full time care from Date: ____ to Date: ____ <input type="checkbox"/> Child will change providers over the summer to: _____
<b>Thanksgiving Break</b>	<input type="checkbox"/> Full time care (Mon-Wed)	<input type="checkbox"/> Full time care (Mon-Wed)	<input type="checkbox"/> Full time care (Mon-Wed)	<input type="checkbox"/> Full time care (Mon-Wed)
<b>Winter Break</b>	<input type="checkbox"/> Full time care (Mon-Fri)	<input type="checkbox"/> Full time care (Mon-Fri)	<input type="checkbox"/> Full time care (Mon-Fri)	<input type="checkbox"/> Full time care (Mon-Fri)
Please explain any special circumstances:				

### PRIVACY STATEMENT

Personal information entered on this form is subject to Washington Public Records Act and may be subject to public disclosure. The City of Seattle is committed to protecting your privacy and will ensure that any disclosures are done according to law. To learn more about how information is managed, please see our [Privacy Statement](http://seattle.gov/tech/initiatives/privacy) [http://seattle.gov/tech/initiatives/privacy]. For more information on public disclosure requirements and exemptions, please see the Public Records Act, [RCW Chapter 52.56](#)

### REQUIRED PARENT SIGNATURE

By signing below, I confirm I have read the Privacy Statement. I am aware that the information I provided is subject to review and verification from various City and public resources and that I may need to provide additional documents to support this application. I understand that my participation may be terminated from the program if it is found that I have provided false information, including but not limited to: not providing all the information required to determine eligibility and/or falsifying documents and that The City of Seattle may recover the actual cost(s) for the periods I was not eligible, and I may be prosecuted for fraud and/or perjury if I intentionally supplied inaccurate or misleading information.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent Name: \_\_\_\_\_



**Step 2: Collect Documents**

The Child Care Assistance Program (CCAP) within the Department of Education & Early Learning (DEEL) will verify

- Your child(ren) are **0-13 years old**- Please submit age documents for all children on subsidy.
- You are living within **the City of Seattle** limits- If already submitted for Preschool, no additional address documents should be required.
- Your **income** for eligibility and subsidy purposes- If already submitted for Preschool, no additional income documents should be required.

<p><input type="checkbox"/> <b>CHILD’S AGE</b> All programs have an age requirement. Submit <b>ONE</b> document from this list.</p>	<ul style="list-style-type: none"> <li>• Birth Certificate</li> <li>• Passport</li> <li>• Government-issued ID</li> </ul>	<ul style="list-style-type: none"> <li>• Medical Records</li> <li>• Immigration documentation with birthdate</li> </ul>
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**Step 3: Submit to the Child Care Assistance Program (CCAP)**

Return this completed application with your documents as soon as possible.

**Through your preschool provider:** Your provider can submit these pages and documents on your behalf, or you may submit them directly to CCAP.

**Email:** [CCAP@seattle.gov](mailto:CCAP@seattle.gov) (Please note, sending information via email is not inherently secure. You can contact this email address to receive instructions for emailing documents securely.)

**Confidential Fax:** 206-233-7152

**Mail:** CCAP  
PO Box 94665  
Seattle, WA 98124-6965



**Step 4: Receive confirmation of eligibility**

You may be contacted if additional information is needed. Once your information has been verified, you will receive notification about your CCAP eligibility. If you are eligible for CCAP, please confirm with your provider(s) that space is available for your child(ren).

**NEXT:** If you’re eligible for CCAP, a printed voucher will be issued that will need to be signed between you and your provider, then returned to CCAP.

**Your child may not begin to receive subsidy** until you return your signed voucher to CCAP.