



SEATTLE PRESCHOOL PROGRAM (SPP) ENROLLMENT FORM
SCHOOL YEAR 2015–16

CHILD INFORMATION

1. **Child's Name:** Last: _____ First: _____ Middle Initial: _____

2. **Child's Birth Date:** _____ / _____ / _____ **Sex:** Male Female

3. **Home Address:** _____

City: _____ State: _____ Zip: _____ County: _____

4. **Mailing Address** (if different from above): _____

City: _____ State: _____ Zip: _____ County: _____

5. **Phone:** Daytime: _____ Evening: _____

Is it OK to leave a voicemail message? Yes No

Messages can also be left with the following individual(s):

6. **Languages spoken in the home:** Primary: _____ Secondary: _____

7. **To be completed only if the child was not born in the U.S.:**

Country of Birth: _____ Date of Entry into U.S.: _____

8. **Does child have a current Individual Education Plan (IEP)?** Yes No

9. **Does family receive DSHS child care subsidies (Working Connections Child Care) for this child?** Yes No

10. **Does family receive City of Seattle child care subsidies (Child Care Assistance Program) for this child?** Yes No*

*If no, are you interested in applying for the City's Child Care Assistance Program? Yes No

Questions A and B must both be answered. Part A asks about your child's ethnicity; Part B asks about your child's race.

A. Is your student of Hispanic or Latino origin? <i>If yes, check all that apply.</i>		
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Central American <input type="checkbox"/> Cuban <input type="checkbox"/> Dominican <input type="checkbox"/> Latin American <input type="checkbox"/> Mexican/ Mexican American/ Chicano	<input type="checkbox"/> Puerto Rican <input type="checkbox"/> South American <input type="checkbox"/> Spaniard <input type="checkbox"/> Other Hispanic/Latino
B. What race(s) do you consider your child? <i>Check all that apply.</i>		
<input type="checkbox"/> African American/ Black <input type="checkbox"/> White <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Indonesian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Malaysian <input type="checkbox"/> Pakistani <input type="checkbox"/> Singaporean <input type="checkbox"/> Taiwanese <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Fijian <input type="checkbox"/> Guamanian Or Chamorro <input type="checkbox"/> Mariana Islander <input type="checkbox"/> Melanesian <input type="checkbox"/> Micronesian <input type="checkbox"/> Samoan <input type="checkbox"/> Tongan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Chehalis <input type="checkbox"/> Colville <input type="checkbox"/> Cowlitz <input type="checkbox"/> Hoh <input type="checkbox"/> Jamestown <input type="checkbox"/> Kalispel <input type="checkbox"/> Lower Elwha <input type="checkbox"/> Lummi	<input type="checkbox"/> Makah <input type="checkbox"/> Muckleshoot <input type="checkbox"/> Nisqually <input type="checkbox"/> Nooksack <input type="checkbox"/> Port Gamble Klallam <input type="checkbox"/> Puyallup <input type="checkbox"/> Quileute <input type="checkbox"/> Quinault <input type="checkbox"/> Samish <input type="checkbox"/> Sauk-Suiattle <input type="checkbox"/> Shoalwater <input type="checkbox"/> Skokomish <input type="checkbox"/> Snoqualmie <input type="checkbox"/> Spokane <input type="checkbox"/> Squaxin Island <input type="checkbox"/> Stillaguamish <input type="checkbox"/> Suquamish <input type="checkbox"/> Swinomish <input type="checkbox"/> Tulalip <input type="checkbox"/> Yakama <input type="checkbox"/> Other Washington Indian <input type="checkbox"/> Other American Indian

CHILD MEDICAL/DENTAL HEALTH INFORMATION

1. **Child is enrolled in the following medical insurance and/or child health programs (check all that apply):**

- Medicaid Washington Basic Health Plan Plus DSHS Provider One Services Card
 Private Medical Insurance No Medical Insurance Military Coverage
 Tribal Coverage Other _____.

2. **Child is enrolled in the following dental insurance and/or dental health programs (check all that apply):**

- Medicaid Washington Basic Health Plan Plus DSHS Provider One Services Card
 Private Medical Insurance No Medical Insurance Military Coverage
 Tribal Coverage Other _____.

3. **Does child have a primary health care provider or medical home?** Yes No

4. **Date of last medical exam:** _____ / _____ / _____ ***Date of scheduled medical exam:** _____ / _____ / _____

Doctor's name: _____

Doctor's address: _____

Doctor's phone number: _____

*If your child's last medical exam was completed over one year ago or they haven't received one yet, he/she will need to complete a medical exam within 90 days of the first day of school.

5. **Date of last dental exam:** _____ / _____ / _____ ***Date of scheduled dental exam:** _____ / _____ / _____

Dentist's name: _____

Dentist's address: _____

Dentist's phone number: _____

*If your child's last dental exam was over six months ago or they haven't received one yet, he/she will need to complete a dental exam within 90 days of the first day of school.

6. **Is child fully immunized with age-appropriate vaccines (per the Washington State Department of Health (DOH) Immunization Schedule)? Washington State law (RCW 28A.210.160) requires a completed *Certificate of Immunization Status* on file at the school, preschool, or child care facility the child attends (except in cases of homelessness).** Yes No

If child is not fully immunized at time of enrollment, is an immunization schedule in progress? Yes No

If child is not immunized, is a DOH required *Statement of Exemption to Immunization Law* signed and on file? Yes No

EMERGENCY CONTACTS

1. Last Name: _____ First Name: _____

Relationship to the Child: _____

Home Phone: _____

Cell Phone: _____

2. Last Name: _____ First Name: _____

Relationship to the Child: _____

Home Phone: _____

Cell Phone: _____

PARENT/LEGAL GUARDIAN INFORMATION

PARENT/LEGAL GUARDIAN #1	PARENT/LEGAL GUARDIAN #2
Parent/Guardian Name: _____ Date of Birth: _____ Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male _____ Email Address: _____ Primary Phone Number: _____ Alternate Phone Number: _____ Home Address (if different from the child's): _____ _____ _____	Parent/Guardian Name: _____ Date of Birth: _____ Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male _____ Email Address: _____ Primary Phone Number: _____ Alternate Phone Number: _____ Home Address (if different from the child's): _____ _____ _____
Migrant Status: <i>Have you or your family moved within the past three years to seek or obtain temporary or seasonal work as a primary means of livelihood?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Migrant Status: <i>Have you or your family moved within the past three years to seek or obtain temporary or seasonal work as a primary means of livelihood?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you of Spanish/Hispanic/Latino ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>This question is about ethnicity, not race</i>	Are you of Spanish/Hispanic/Latino ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>This question is about ethnicity, not race</i>
Race: <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 <input type="checkbox"/> Other _____	Race: <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 <input type="checkbox"/> Other _____
Languages spoken in home: Primary: _____ Secondary: _____	Languages spoken in home: Primary: _____ Secondary: _____

HOUSEHOLD SIZE / MONTHLY INCOME

Please list only household members who reside in the same home as the applicant:

***Household Size:** To establish family size, DEEL counts:

- All people who live in the same household as the child and are supported by the income of the parent(s) or legal guardian(s) of the child
- Are related to the parent(s) or legal guardian(s) by blood, marriage, or adoption (the child's parent(s) / guardian(s) are included in this count).
- For children in the foster care system or on a child-only Temporary Assistance for Needy Families (TANF) grant, DEEL will count only the children covered by the grant.
- If a child does not live with a parent or legal guardian, the child is considered homeless and a family size of one. DEEL will NOT count relatives or others temporarily sharing housing with the family.

****Total Household Monthly Income:**

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, minus tuition/fees.

Income does NOT include:

- Non-cash benefits, such as food stamps, housing vouchers, Medicaid, Medicare, employee fringe benefits
- Food or housing received in place of wages
- Assets drawn down, such as cash from sale of an asset or withdrawals from bank accounts
- One-time gifts, loans, lump-sum inheritances, insurance payments, or compensations for injury.

*Household Size #:		**Total Household Monthly Income:	\$
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Name		Relationship	Name		Relationship
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

I certify that all of the information provided is true to the best of my knowledge. The information I have provided is subject to review for further verification and I may need to provide additional documentation to support this application.

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Please return all six pages of this completed enrollment form:

- By email to SPPapplication@seattle.gov
- Or mail a hard copy to the Seattle Preschool Program, PO Box 94665, Seattle WA 98124-6965
- Or fax it to (206) 233-7152

If you have any questions about this process, please contact Kimberly Early at (206) 684-3942.

