



City of Seattle

Edward B. Murray, Mayor

Department of Education and Early Learning

Holly Miller, Interim Director

September 15, 2015

Dear Seattle Preschool Family:

We are delighted that you will be participating in the first year of the Seattle Preschool Program (SPP)!

As you know, SPP is the result of a voter-approved \$58 million property tax levy to provide “accessible high-quality preschool services for Seattle children designed to improve their readiness for school and to support their subsequent academic achievement.” You are playing a critical role in the launch of this program.

Enclosed please find the following:

- Enrollment form
- List of documents required for enrollment and a self-employment income and expense record
- SPP Parent Information Guide

We recognize that the timeline for this first year has been very short. We ask that you please read the enclosed materials carefully and turn in the necessary paperwork **AS SOON AS POSSIBLE**. Your child cannot begin attending preschool until we receive the completed forms.

Please return the completed enrollment forms and required documents to the City of Seattle by email or fax. You may also mail them to us, or deliver them to your child’s SPP childcare provider.

Email: SPPapplication@seattle.gov

Fax: (206) 621-5034

Mail: Seattle Preschool Program, PO Box 94665, Seattle WA 98124

If you have any questions about enrolling your child or your child’s tuition, please contact: (206) 684-3492. If you have questions about your child’s tuition, please see SPP Parent Information Guide. For specific questions about your child’s preschool program—including schedule, start date, meals, and before and aftercare options—please contact your SPP site directly.

Thank you again for your support and commitment to ensuring a successful launch for SPP for all!

Sincerely,

Monica Liang-Aguirre
Director, Early Learning Division

Department of Education and Early Learning, Seattle Preschool Program
700 5th Avenue, Suite 5600
PO Box 94665
Seattle WA 98124-6965
<http://www.seattle.gov/education>

Tel (206) 684-3942
Fax (206) 621-5034

Hearing Impaired use the Washington Relay Service (7-1-1)

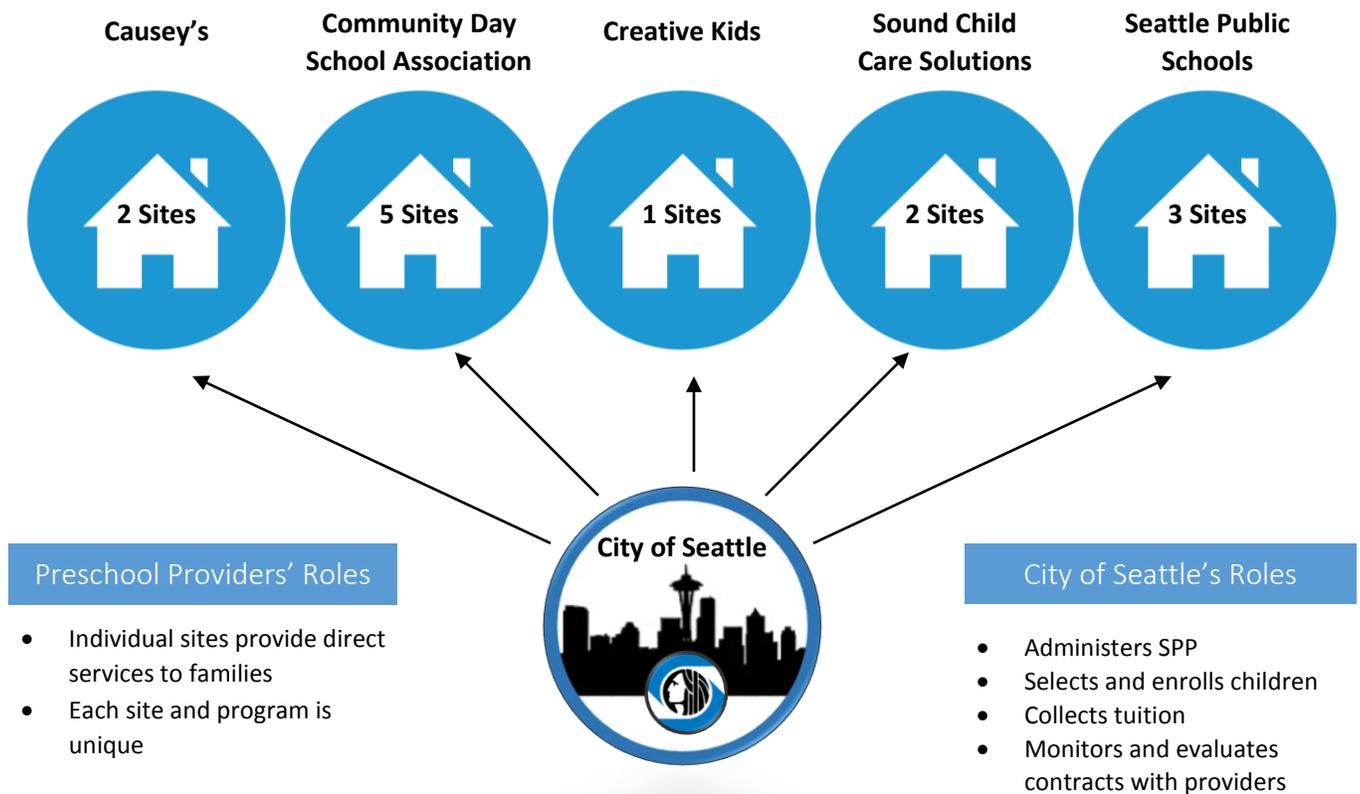


August 2015

Welcome to the first year of the Seattle Preschool Program!

The Seattle Preschool Program (SPP) is the voter-approved \$58 million property tax levy to provide “accessible high-quality preschool services for Seattle children designed to improve their readiness for school and to support their subsequent academic achievement.” This fall, we are launching our first SPP classrooms. You and your family are making Seattle history by participating in SPP this year.

SPP is administered by the City of Seattle but different preschool providers across the city will provide the actual programming for your child.



Frequently Asked Questions about the Seattle Preschool Program

How did my center get selected to participate in SPP?

Your center participated in a competitive process known as a Request for Investment (RFI). They were required to fill out an application outlining how they meet SPP's quality standards, how they partner with families and how they provide culturally and linguistically responsive programming. A panel of City staff and community representatives reviewed applications and selected centers based on a points system which prioritized the following characteristics: 1) the center's location to a high needs area, 2) their history in serving low-income families, and 3) evidence of program quality as measured by Early Achievers (Washington State's Quality Rating and Improvement System).

How can I find out more about my child's program?

For more details about your child's program including schedules, any supplies needed, meals, etc., please contact your SPP provider directly.

What does my tuition cover?

Your tuition covers the cost of the SPP program, which is 6 hours a day, 5 days a week, 10 months a year (180 days total). It does NOT cover the cost of before- and after-school care (any child care or services outside of the regular SPP program day). It does NOT cover the cost of child care in the summer when there is no SPP programming.

How is my tuition calculated?

Your tuition will be calculated based on your gross monthly income and your household size. The City will use a sliding scale to ensure that you are paying the appropriate amount.

If you would like to estimate your payments, a tuition calculator is available online:

http://3/www.seattle.gov/Documents/Departments/OFE/AboutTheLevy/EarlyLearning/2015-16_SPP_Tuition_Calculator_v2.xlsx

How do I pay my tuition?

You will pay the City of Seattle directly for SPP tuition. For additional services such as before/after care or summer programming, you will pay the provider. You will also have the option of paying your tuition in one lump sum or spreading it out over 10 monthly payments (only available to families whose annual tuition is over \$100).

Payments can be made by: 1) cash, 2) credit/debit cards, 3) Automated Clearing House (ACH) directly from your checking account, or 4) check. For cash payments, please deliver to the City of Seattle's cashier located on the 4th Floor of the Seattle Municipal Tower, 700 5th Ave., Seattle, WA 98124. Credit/debit cards can also be processed at the City's cashier or by calling (206) 684-7800. For ACH, you will need to provide your checking account information during enrollment to the City's Preschool Enrollment Coordinator.

You can mail a check to the following address:

City of Seattle – SPP
PO Box 34214
Seattle, WA 98124-4214

When is my payment due?

Payment for September and October will be due by October 5. For subsequent months, invoices will be sent to you monthly by email or U.S. mail approximately 2 weeks before the payment due date. Tuition is due by the 5th of the month for the month the child is enrolled. For example, if a child is enrolled for October, the tuition payment will be due by October 5.

Invoices will be sent to you monthly by email or US mail approximately 2 weeks before the payment due date. Tuition is due by the 5th of the month for the month the child is enrolled. For example, if a child is enrolled for October, the tuition payment will be due by October 5. Due to the timing of enrollment, the September and October payments will be combined and due on October 5.

What other fees should I expect?

You will be directly responsible for any before- and after-school care costs and/or summer child care. You may qualify for subsidies either through the State or the City if you meet income guidelines, but you will still be responsible for any co-pays associated with those subsidies. Your SPP provider and/or the City's Preschool Enrollment Coordinator is knowledgeable about programs available to possibly help with your child care needs.

What happens if I have a major life change that might affect my eligibility or ability to pay all of my tuition? (e.g., my monthly income changes or we have a baby)

If your income or household size changes during the year for any reason, the City's Preschool Enrollment Coordinator will be available to assist you with recalculating your tuition and/or accessing financial support services if needed. You will be required to inform the City no later than 10 days after you experience any life changes in order to avoid the late or under payments.

We will constantly be updating this document on-line on the Department's website:

<http://www.seattle.gov/education>.

If you have further questions, please email preschool@seattle.gov.



Seattle Department of
Education and Early Learning

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:	\$
---------------------------	--	--	----

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 and other required documents to:

- Email: SPPapplication@seattle.gov
- Fax: (206) 621-5034
- Mail: Seattle Preschool Program, PO Box 94665, Seattle WA 98124-6965

If you have any questions about this process, please call (206) 684-3942.

REQUIRED DOCUMENTS

To enroll your child(ren) in the Seattle Preschool Program, you **must** submit **all** of the following documentation:

- ✓ Parent/guardian's photo identification
- ✓ Proof of residency (**2 forms** from the list below are required):
 - Home utility bill (gas, electric, water, or garbage) dated within 60 days
 - Mortgage bill
 - Lease or rental agreements (must include the first page and signature page)
 - Insurance documents
 - DSHS benefits eligibility documents

For homeless families:

- Letter from approved community-based organization verifying address

- ✓ Proof of child's age
 - Child's birth certificate (with parent's name) or other hospital record*
 - Passport*

*If the adult enrolling the child is not listed on the birth certificate, hospital record or any other supporting document, then he or she must supply documentation of his/her authority to enroll the child.
- ✓ Proof of income (choose one):
 - Pay stubs from the last three months
 - Income tax return for previous year (e.g., 2014 tax return for 2015 enrollment)
 - Income verification letter from employer
 - Proof of eligibility for Working Connections Child Care (WCCC) subsidy, Comprehensive Childcare Assistance Program (CCAP) subsidy, Early Childhood Education and Assistance (ECEAP) or Head Start

For parents paid in cash:

- Recent bank statement or
- Letter of income verification from employer or
- Letter of income verification from an approved community-based organization

For self-employed parents:

- Complete enclosed self-employment record (see attached form) of income and expenses for the past six (6) months OR
- Provide a similar record that documents:
 - Income for the past six months
 - Expenses for one full month that is a representative month

- ✓ Documentation showing all other income (if applicable):
 - child support received
 - social security
 - unemployment
 - any other income received (please specify): _____

To establish family size for the purpose of determining income level for tuition, DEEL will count all people who meet all of the following criteria:

- Living in the same household as the child.
- Supported by the income of the parent(s) or legal guardian(s) of the child.
- 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).

Additionally:

- DEEL will not count hosts of families temporarily sharing housing with relatives or others.
- 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.

Self Employment Income And Expense Record

Months Reported: From To Year

Name:	Month:	Month:	Month:	Month:	Month:	Month:	6 Month Totals
INCOME							
1 ** Gross receipts or sales (less sales tax if applic)							
2 * Returns or allowances							
3 Substract #2 from #1							
4 *Cost of goods sold							
5 Gross profit (substract #4 from #3)							
6 ** Other income: (describe)							
** Other income:							
7 Gross Income (add #5 & #6)							
BUSINESS EXPENSES							
8 *Advertising							
9 *Bad Debts from sales or services							
10 *Vehicle expenses							
11 *Commissions and fees							
12 *Employee benefits (not self)							
13 *Insurance (other than health)							
14 *Legal and professional services							
15 *Office expenses							
16 *Pension & profit sharing plans (not self)							
17 *Rent/lease vehicles, equipment							
18 *Rent for business property (not home)							
19 *Repairs and maintenance							
20 *Supplies							
21 *Utilities (not home)							
22 *Wages paid							
23 *Other expenses (describe)							
*							
*							
24 Total Expenses							
25 Net profit or loss (Subtract #24 from #7)							

Expenses not to be included: Entertainment and meals	Average Monthly Income (Divide 6 Mo. Total #25 by 6)
* Receipts for expenses are required for one month (Any of the last 6 months)	
** Documentation (receipts) of income is required for the last 6 months	