SEATTLE PRESCHOOL PROGRAM

APPLICATION FORM SCHOOL YEAR 2016-17

To have your child entered into Round 1 selection, please submit this form by March 11, 2016

Applications submitted after March 11 will be included in future selection rounds.

Mail
Department of Education and Early Learning
PO Box 94665 Seattle, WA 98124-6965

Email
SPPapplication@seattle.gov

Fax
(206) 233-7152

For questions or assistance please call (206) 386-1050.

CHILD INFORMATION

1. **Child's Name:** Last:_____First:_____Middle Initial:_____
2. **Child's Birth Date:** ___/_____/___ 3. **How does your child identify?** ☐Male ☐Female ☐Other_____
4. **Does the child have a sibling applying/enrolled in SPP?** ☐ Yes ☐ No If yes, what is the sibling's name: _____
5. **Race:** ☐ White ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ Black, African, or African American
   ☐ American Indian or Alaska Native ☐ Multi-Racial Other: _____
6. **Is the child of Spanish/Hispanic/Latino ethnicity?** ☐ Yes ☐ No
7. **Languages Spoken in Home:** Primary:_____Secondary:_____
8. **Home Address:**_____ Apt./Ste.:_____
   City:_____ Zip:_____
9. **Mailing Address** (if different from above): _____ Apt./Ste.:_____
   City:_____ Zip:_____

PARENT/GUARDIAN INFORMATION

CONTACT INFORMATION FOR APPLICATION

Parent(s) Names
Email Address
Primary Phone *Please note, the City uses various methods such as email, phone, automated phone messages, to communicate with families regarding application and enrollment information.*
Alternate Phone

HOUSEHOLD SIZE/PARENT or GUARDIAN INCOME

Household Size: Provide the number of people living in the home where the child resides.		
#		
Household Income: Provide the total wages, child support, foster care, SSI, TANF, etc. for the child's parent(s)/guardian(s).		
Annual Gross Income $	or	Monthly Gross Income $

Documentation verifying home address, child's age, and household income will be required if applicant is selected.

How did you hear about our program? ☐ Newspaper ☐ Magazine ☐ Radio Ad ☐ Friend or Family Member
☐ Flyers ☐ Banners ☐ I have another child in the Program ☐ Website ☐ Preschool or School

PLACEMENT PREFERENCES

Please help us match you with a preschool that meets your family's needs by answering the following questions. Families that are open to more preschool locations and options are more likely to be placed than those with a high number of limitations.

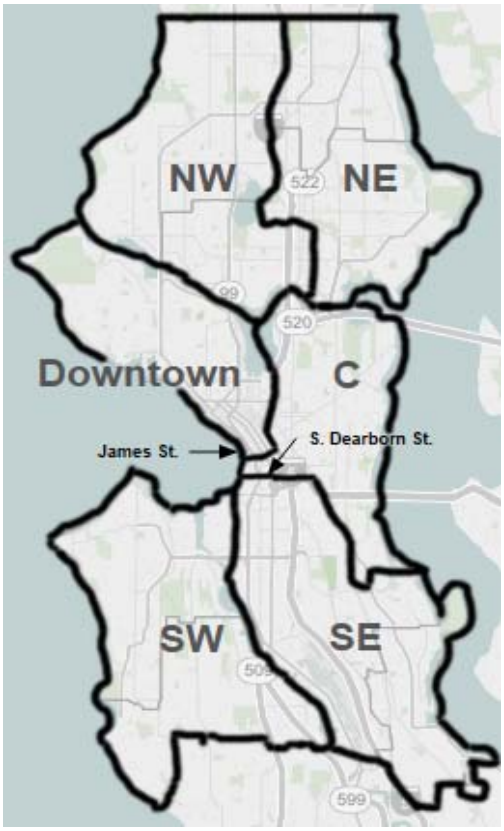
1. **CARE NEEDS - What are your child care needs?** *(Select one)*
   - ◯ My child only requires care for the preschool day (approximately 9 am – 3 pm, Monday - Friday).
   - ◯ My children requires care for longer than the preschool day (between the hours of 7 am – 6 pm, Monday - Friday) **and** I am willing to pay for the hours beyond the preschool day.
   - ◯ No care preference (willing to pay for before/after care if I am assigned to a site with before/after care)

2. **DUAL LANGUAGE PREFERENCE - Are you are interested in being placed in a dual language classroom?** *(If yes, select all interested options. If no, leave all blank.)*

   ☐ Vietnamese ☐ Chinese (Tentative) ☐ Spanish (Tentative)

3. **REGIONAL PREFERENCE - In which regions would you be able to attend an SPP site?** *(Select all that apply)*

   ☐ Northwest Seattle (NW)
   ☐ Northeast Seattle (NE)
   ☐ Downtown / Magnolia (Downtown)
   ☐ Central Seattle (C)
   ☐ Southeast Seattle (SE)
   ☐ Southwest Seattle (SW)



PRESCHOOL ASSIGNMENT INFORMATION

Preschoolers will be selected through a **selection** process that utilizes the following criteria:

- Child's age
  - Children are 4 on or before August 31, 2016 will receive priority over children who are 3 on or before August 31, 2016
- Home address
  - Families who live in the same Seattle Public Schools (SPS) middle school attendance area as an SPP classroom will receive priority over children living in other parts of the City. To find out your middle school attendance zone, please go to the Seattle Public Schools' website and search for *Address Look Up Tool.*
- Additional preference is given to children with siblings enrolled in SPP during school year 2015-16.

Please see the Seattle Preschool Program Implementation Plan for more details.

By signing below, I certify that all of the information provided is true to the best of my knowledge I acknowledge that if my child is selected for the Seattle Preschool Program, I will be required to provide additional documentation to support this application by the deadline set by the City of Seattle's Department of Education and Early Learning. I also acknowledge that I may be contacted regarding an opportunity for my child to participate in research related to the evaluation of the Seattle Preschool Program, even if he or she is *not* selected for the program.

Parent/Legal Guardian Signature:_____**Date:** _____