



SEATTLE PRESCHOOL PROGRAM (SPP) APPLICATION FORM SCHOOL YEAR 2015-16

CHILD INFORMATION

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

2. Child's Birth Date: _____

3. Home Address: _____

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

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

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

5. Phone: Daytime: _____ Evening: _____

OK to leave a voicemail message: Yes No Messages can also be left with the following individual(s): _____

6. Is child of Spanish/Hispanic/Latino ethnicity? Yes No This question is about ethnicity, not race.

7. Race: White Asian Native Hawaiian/Pacific Islander Black, African, or African American American Indian or Alaska Native Multi-Racial Other: _____

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

9. Are you interested in being enrolled in a dual language classroom? Yes No

If yes, language preference: _____

10. Do you have a sibling already enrolled in SPP? Yes No Do you have a sibling applying for SPP? Yes No

If yes, what are the sibling(s) name(s): _____

PARENT/LEGAL GUARDIAN INFORMATION

Table with 2 columns: Parent / Legal Guardian #1 and Parent / Legal Guardian #2. Rows include Name, E-mail Address (optional), Primary Phone Number, and Alternate/Work Phone Number.

HOUSEHOLD SIZE / MONTHLY INCOME

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

***Household Size:** To establish family size for the purpose of determining federal poverty level, 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.

****Household 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 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.

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

Documentation of income will be required if applicant is selected. We will be asking for additional documentation to verify address, employment, household size, and income.

Additional Question:

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
 PCHP
 Other _____

CONSENT:

Do we have your consent to refer your family to additional preschool assistance programs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do we have your consent to release information regarding inclusion in applicant pool and to be contacted for research even if not selected for enrollment/waitlist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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 submit this application to SPPapplication@seattle.gov or a hard copy can be mailed to the post office box address below. If you have any questions about this process, please contact Kimberly Early at 206-684-3942.