

Enrollment Packet

Seattle Preschool & Pathway Program 2021 - 2022



Step 1: Fill out the Enrollment Packet

The Seattle Preschool & Pathway Programs are 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. To best serve your child, please answer the following questions.

CHILD INFORMATION			
First Name:		Middle Name:	Last Name:
Birth Date:	Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary or other gender identity _____		
Language child learned first:		Language spoken most at home:	
Does the child meet any one of the following situations? <input type="checkbox"/> Yes <input type="checkbox"/> 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).			
During school hours, does your child need help with a medical condition? (i.e. allergies, diabetes, blood sugar, seizures, eye/ear drops) Briefly explain:			
What is your child's race and ethnicity? <i>Check all that apply.</i>			
Asian	<input type="checkbox"/> East Asian <input type="checkbox"/> Filipino	<input type="checkbox"/> South Asian <input type="checkbox"/> Southeast Asian	<input type="checkbox"/> Other or More Specific Asian _____
American Indian, Alaska Native	<input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Central or South American Indian	<input type="checkbox"/> Other or More Specific American Indian/Alaska Native _____
Black, African, African American	<input type="checkbox"/> African American <input type="checkbox"/> Caribbean <input type="checkbox"/> Central African	<input type="checkbox"/> East African <input type="checkbox"/> Latin American <input type="checkbox"/> South African	<input type="checkbox"/> West African <input type="checkbox"/> Other or More Specific Black _____
Hispanic, Latino	<input type="checkbox"/> Caribbean <input type="checkbox"/> Central American	<input type="checkbox"/> Mexican/Chicano <input type="checkbox"/> South American <input type="checkbox"/> Spaniard	<input type="checkbox"/> Other or More Specific Hispanic/Latino _____
Middle Eastern or North African	<input type="checkbox"/> Middle Eastern <input type="checkbox"/> North African	<input type="checkbox"/> Other or More Specific Middle Eastern/North African _____	
Native Hawaiian, Other Pacific Islander	<input type="checkbox"/> Micronesian <input type="checkbox"/> Melanesian	<input type="checkbox"/> Polynesian (including Native Hawaiian)	<input type="checkbox"/> Other or More Specific Native Hawaiian/Pacific Islander _____
White	<input type="checkbox"/> White	<input type="checkbox"/> Other or More Specific White _____	

FIRST PARENT/GUARDIAN INFORMATION					
First Name:		Middle Name:		Last Name:	
Birth Date:		Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary or other gender identity _____		Relationship to child:	
Email Address:					
Preferred language for communication:		Phone 1:		Type: <input type="checkbox"/> Land Line <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Primary language used in home:		Phone 2:		Type: <input type="checkbox"/> Land Line <input type="checkbox"/> Work <input type="checkbox"/> Cell	
If cell, may we contact you via text with status updates? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What is your race and ethnicity? Check all that apply.					
Asian	<input type="checkbox"/> East Asian <input type="checkbox"/> Filipino	<input type="checkbox"/> South Asian <input type="checkbox"/> Southeast Asian	<input type="checkbox"/> Other or More Specific Asian _____		
American Indian, Alaska Native	<input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Central or South American Indian	<input type="checkbox"/> Other or More Specific American Indian/Alaska Native _____		
Black, African, African American	<input type="checkbox"/> African American <input type="checkbox"/> Caribbean <input type="checkbox"/> Central African	<input type="checkbox"/> East African <input type="checkbox"/> Latin American <input type="checkbox"/> South African	<input type="checkbox"/> West African <input type="checkbox"/> Other or More Specific Black _____		
Hispanic, Latino	<input type="checkbox"/> Caribbean <input type="checkbox"/> Central American	<input type="checkbox"/> Mexican/Chicano <input type="checkbox"/> South American <input type="checkbox"/> Spaniard	<input type="checkbox"/> Other or More Specific Hispanic/Latino _____		
Middle Eastern or North African	<input type="checkbox"/> Middle Eastern <input type="checkbox"/> North African	<input type="checkbox"/> Other or More Specific Middle Eastern/North African _____			
Native Hawaiian, Other Pacific Islander	<input type="checkbox"/> Micronesian <input type="checkbox"/> Melanesian	<input type="checkbox"/> Polynesian (including Native Hawaiian)	<input type="checkbox"/> Other or More Specific Native Hawaiian/Pacific Islander _____		
White	<input type="checkbox"/> White		<input type="checkbox"/> Other or More Specific White _____		

SECOND PARENT/GUARDIAN INFORMATION					
First Name:		Middle Name:		Last Name:	
Birth Date:		Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary or other gender identity _____		Relationship to child:	
Email Address:					
Preferred language for communication:		Phone 1:		Type: <input type="checkbox"/> Land Line <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Primary language used in home:		Phone 2:		Type: <input type="checkbox"/> Land Line <input type="checkbox"/> Work <input type="checkbox"/> Cell	
If cell, may we contact you via text with status updates? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What is your race and ethnicity? Check all that apply.					
Asian	<input type="checkbox"/> East Asian <input type="checkbox"/> Filipino	<input type="checkbox"/> South Asian <input type="checkbox"/> Southeast Asian	<input type="checkbox"/> Other or More Specific Asian _____		
American Indian, Alaska Native	<input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Central or South American Indian	<input type="checkbox"/> Other or More Specific American Indian/Alaska Native _____		
Black, African, African American	<input type="checkbox"/> African American <input type="checkbox"/> Caribbean <input type="checkbox"/> Central African	<input type="checkbox"/> East African <input type="checkbox"/> Latin American <input type="checkbox"/> South African	<input type="checkbox"/> West African <input type="checkbox"/> Other or More Specific Black _____		
Hispanic, Latino	<input type="checkbox"/> Caribbean <input type="checkbox"/> Central American	<input type="checkbox"/> Mexican/Chicano <input type="checkbox"/> South American <input type="checkbox"/> Spaniard	<input type="checkbox"/> Other or More Specific Hispanic/Latino _____		
Middle Eastern or North African	<input type="checkbox"/> Middle Eastern <input type="checkbox"/> North African	<input type="checkbox"/> Other or More Specific Middle Eastern/North African _____			
Native Hawaiian, Other Pacific Islander	<input type="checkbox"/> Micronesian <input type="checkbox"/> Melanesian	<input type="checkbox"/> Polynesian (including Native Hawaiian)	<input type="checkbox"/> Other or More Specific Native Hawaiian/Pacific Islander _____		
White	<input type="checkbox"/> White		<input type="checkbox"/> Other or More Specific White _____		

HOUSEHOLD INFORMATION

Home Address (if experiencing homelessness, your nighttime address) Street: City: _____ Zip Code: _____	Mailing Address (if different) Street: City: _____ Zip Code: _____
Is your family/student enrolled in the WA State Confidentiality Address Program? <input type="checkbox"/> Y <input type="checkbox"/> N <i>If yes, please submit a copy of your CAP card instead of address documents listed on the last page</i>	Do you own or rent your own home? <input type="checkbox"/> Y <input type="checkbox"/> N If you do not own/rent your own home, please check all that apply. The child applicant and I currently reside <input type="checkbox"/> In a motel <input type="checkbox"/> In a shelter <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Moving from place to place/couch surfing <input type="checkbox"/> Temporarily living with another family/person due to economic hardship <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity) <input type="checkbox"/> A car, park, campsite or similar location <input type="checkbox"/> Other: _____
Do you have any safety concerns as it pertains to reporting/verifying your address with DEEL? <input type="checkbox"/> Y <input type="checkbox"/> N <i>If yes, DEEL will contact you directly to verify your program eligibility.</i>	
The information you submit to DEEL is confidential and we will not contact/report to your landlord or property manager.	

The Seattle Preschool Program uses the information below to help determine how much tuition, if any, you will owe, as well as eligibility if you're applying for Pathway. Tuition is set using a sliding scale based on household size and income.

Include all types of income for all adults. Consider wages, child support, SSI, financial aid, TANF, etc.

List below the people living in the home, AND supported by the parent/guardians' income, AND are related to the parent by blood, marriage or adoption. Children listed below aren't expected to have income.

Children in foster care will not be required to submit income documentation, but will need to submit age and address verification documents.

List all household members (including yourself) that reside with you and are supported by your household income	Birth Date	Relationship to Child	Type of income (Wages, unemployment, child support, SSI, etc.)	Annual pre-tax income	Does this person have income?
					<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

SEATTLE PRESCHOOL & PATHWAY PROGRAM PARTICIPATION CONSENT

The Department of Education and Early Learning (“DEEL”) partners closely with preschool providers (“the Provider”) to provide high-quality services and supports to your child. In order to participate in the program, participants must agree to the following:

DEEL stores identifiable student data, including enrollment, assessment and attendance information pertaining to your child in a restricted, secure database. Identifiable information may be shared among DEEL, the Provider, Seattle School District No. 1 (“District”), Public Health- Seattle & King County (“PHSKC”) and the Washington State Department of Children, Youth and Families (“the State”) when necessary to deliver services and ensure continuity provided to preschool students rising through the District’s K-12 education programs.

DEEL may securely share your child’s health-related information with contracted service providers to serve your child’s health, educational, and developmental needs. With training and support from PHSKC, preschools may conduct vision, hearing, weight, and height screenings to identify possible barriers to your child’s learning. In addition, providers may administer the Ages and Stages Questionnaire to assess your child’s developmental progress. Results may be shared with the provider, PHSKC, and DEEL so that additional supports may be provided if needed. If additional actions are recommended for your child, the provider will share the results with you.

Assessments are used to inform teaching practices, support professional development, and evaluate the program. Teachers may observe your child’s physical, cognitive, social, and emotional development and record observations using Teaching Strategies GOLD® (“TSG”). Providers and DEEL access TSG using an account shared with the State.

DEEL Preschool programs strive to prepare your child for Kindergarten and beyond. DEEL partners with the District to evaluate how effectively children were prepared. The District will create student identification numbers for the children enrolled in DEEL’s preschool programs to enable the evaluation of long-term effectiveness of the program by monitoring preschool participants’ progress throughout the child’s K-12 experience at the District. DEEL may provide sufficient information to the District via secure file transfer to create District student identification numbers.

DEEL protects families’ and children’s information carefully under the City’s Privacy Standards. There are some circumstances in which information may be shared with the public if required by law. DEEL’s preschool programs are publicly funded and therefore must abide by the Washington State Public Records Act, including the requirement to disclose non-exempt information to the public. Records related to DEEL’s preschool programming may be requested by and disclosed to the public. DEEL does not release personally identifiable information for children enrolled in our programs or for their family members/guardians. Please see the Privacy Statement for more information.

DEEL may contact you directly or through your provider to survey you on your experience.

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://www.seattle.gov/tech/initiatives/privacy/privacy-statement) [<http://www.seattle.gov/tech/initiatives/privacy/privacy-statement>] For more information on public disclosure requirements and exemptions, please see the Public Records Act, [RCW Chapter 42.56](#).

Continued on the next page.

OPTIONAL CONSENTS

By participating in the Preschool Program, parents/legal guardians agree to all the *above*. The following are *optional* consents.

Initial for yes: _____	Program evaluation: DEEL may contract with an external evaluator to assess how classroom quality influences children’s learning. External researchers may also conduct child-friendly assessments in language, literacy, math, and behaviors that help children learn. You may opt out at any time. I grant permission for my child to participate in child-level assessments for program evaluation.
Initial for yes: _____	Sharing Special Education Information: DEEL, the Provider, and the District may share information if your child has been evaluated by the District’s Special Education Department to support your child in having the greatest opportunity for success in preschool. I consent to the District sharing personally identifiable information from my child’s special education records or Individualized Education Program (IEP) with DEEL (who may share this with my child’s preschool provider and/or PHSKC) for comprehensive support in the Preschool Program. Information may include academic records, educational evaluations, social/emotional evaluation, medical and clinical records, vision/hearing evaluation, psychological evaluations, speech/language evaluation and/or occupational and physical therapy evaluation. This information may only be shared with DEEL until August 31, 2022.
Initial for yes: _____	Sharing intake documents: Your preschool or childcare provider may request documents from you for administrative purposes. For your convenience, DEEL may share documents submitted to the City with your provider. I grant DEEL permission to share proof of age, address, or income documents with my provider.
Check for yes: <input type="checkbox"/>	Photo/Video: I grant permission for my child to be photographed or videotaped for: Educational purposes, digital, print, and video promotions related to the City’s preschool programs (continuous consent)
<input type="checkbox"/>	Teacher quality improvement; the teacher is the focus of any recording for feedback purposes, only reviewed by preschool and DEEL staff (recordings retained for two weeks)*
<input type="checkbox"/>	Teacher evaluation through an external evaluator; the teacher is the focus of any recording for evaluation purposes, only reviewed by the evaluators (recordings retained for two weeks)*
<input type="checkbox"/>	Public Health official guidance; the classroom environment is the focus of any recording for evaluation purposes, only reviewed by public health partners (recordings retained for two weeks)*
Check for yes: <input type="checkbox"/>	Communication with DEEL: DEEL may contact you during the intake process and with occasional enrollment-related communication. If you would like to be contacted for other reasons, please check the boxes below.
<input type="checkbox"/>	Participation in interview or funding panels for DEEL or other City departments
<input type="checkbox"/>	Email updates from the Department of Education and Early Learning
<input type="checkbox"/>	Media interviews, quotes, or input
Check for yes: <input type="checkbox"/>	Childcare Assistance Program: If you are interested in applying for financial assistance to pay for childcare before/after preschool program hours and during preschool breaks, please confirm below and a member of our team will be in touch with you. The Childcare Assistance Program requires (1) the child’s parent/legal guardian(s) to be working or enrolled in school and (2) families must meet income requirements based on family size.
<input type="checkbox"/>	I’m interested and all adults in my home are students or employed- Contact me!

To revoke any of these consents at any time, please contact DEEL directly in writing at preschool@seattle.gov or The Seattle Preschool Program, PO Box 94665, Seattle, WA 98124.

**DEEL/City of Seattle is an agency subject to the Public Records Act (PRA) and while the foregoing represents DEEL’s operating policy and intended practice, DEEL will comply with any legal obligations requiring preservation or release of records, while asserting any available exemptions or objections.*

REQUIRED PARENT/GUARDIAN SIGNATURE

By signing below, I **1)** consent to my child participating in DEEL’s Preschool Program, **2)** confirm I have read the Privacy Statement, and **3)** confirm I authorize the sharing of data as initialed above. 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.

Parent/Legal Guardian Signature: _____ Date: _____

Print Parent Name: _____

Step 1:
Fill out the
Enrollment Packet



Step 2:
Collect
documents



Step 3:
Submit to DEEL
or Provider



Step 4:
Receive confirmation
of enrollment

Step 2: Collect Documents

The Department of Education & Early Learning (DEEL) will verify

Your child is **3 or 4 yrs** old by
8/31/2021

You are living within **the City of
Seattle** limits

Your **income** for sliding-scale
tuition/eligibility purposes

*Families experiencing homelessness will not be required to submit address verification. Contact DEEL to receive the Housing Affidavit Form.

Please submit documents from the list below unless otherwise noted by your provider.

CHILD'S AGE

All programs have an age requirement. Submit **ONE** document from this list:

- Birth certificate
- Medical record
- Passport
- Immigration documentation with birthdate
- Government issued ID

ADDRESS

Documentation must be no more than 3 months old, including the name of the applicant. It cannot be envelopes or personal correspondence.

All DEEL programs are for people who live in the City of Seattle only. For families in transition, are homeless, or otherwise unable to provide the documentation below, please contact DEEL to request a housing affidavit form.

Submit **ONE** document from this list **OR** Submit **TWO** documents from two different sources from this list.

- Utility bill (*gas, water/garbage, light/electrical, cable, landline phone*)
- Insurance document (*health, car, etc*)
- Home/renter's insurance
- Benefits document from the agency (*DSHS, SSI, paystub, etc*)
- Mortgage document
- Financial document (*bank statement, retirement, credit card statement, et*)
- Other bills
- Driver's license (non-expired; can only submit one per household)
- Lease or housing agency letter (current)

INCOME

Submit documentation for **all** income your household receives.

If you have employment from...

EMPLOYMENT (Submit one of these options)

- Paystubs from your previous **3 full months**
- Employer letter (**only when starting a new job**) --must be on letterhead, include the start date, hours worked, wage and dated from the last 90 days
- Self-employed—request the self-employment form from DEEL

STUDENT (Submit any applicable)

- Financial aid- Award letter
- Work study- Award letter or supervisor letter including hours/wage

OTHER INCOME

- TANF or other cash benefits – current award letter
- Rental income- *Schedule E* tax document from most recent tax year
- Other income –three months of statements

If you have...

CHILD SUPPORT (Submit either of these options)

- Received: Court documentation with amount
- Received: Child Support Statement (request from DEEL)

Paid weekly?

Submit 12 paystubs

Paid every two weeks?

Submit 5-7 paystubs

Paid bi-monthly?

Submit 6 paystubs

Paid monthly?

Submit 3 paystubs



Step 3: Submit to The Department of Education & Early Learning (DEEL) or Provider

Return this completed enrollment packet with your documents as soon as possible. The sooner your full packet with documents is received, the faster it can be processed.

If you need help, please call (206) 386-1050 or email preschool@seattle.gov



Step 4: Receive confirmation of enrollment

You may be contacted by DEEL's Intake team or your provider if additional documentation is needed.

Once your information has been verified, you will receive notification that your child is officially enrolled in the preschool program along with any tuition you may owe. To estimate your SPP tuition, visit seattle.gov/applyspp to use the Tuition Calculator.

If the information provided determines you're ineligible for the program, DEEL or your provider will notify you.

Your child may not begin the preschool program until your provider confirms any additional paperwork has been completed for their enrollment process.