

2017-2018 How to Apply for Puget Sound ESD Early Learning Programs



Thank you for applying with the Puget Sound Educational Service District Early Learning Program. We serve families with the greatest needs. We value diversity and welcome children and families of any race, ethnicity, culture, gender, ability, language, sexual orientation, faith, or any other personal identity.

To ensure eligibility is appropriately determined, please answer all questions to the best of your knowledge. Answers will be used to determine selection priority for the program. Incomplete applications may delay the process. If you have questions or need help filling out the application, please contact us at:

Please return this completed application along with the proof of age and income documents. If you don't have proof of your income and/or your child's age, self-declaration statements are acceptable under some conditions.

A copy of one of the following can be used as proof of your child's birthdate:

- Adoption papers
- Birth certificate
- Child Profile
- Court documents
- Foster Care authorization letter
- Government document with birth date
- Individual Education Plan or Individual Family Service Plan (IEP/IFSP)
- Immunization record
- Medical card or records
- Medical record of birth/hospital record
- Passport or visa
- Paternity affidavit
- School records
- TANF award letter

A copy of the following can be used as proof of your family income:

- Tax Return for the past year
- W2 Form for the past year
- Pay stubs
- Employer's statement with total gross earnings for the past 12 months
- Public Assistance (TANF or SSI) Award Letter
- Foster Care Benefit Letter
- Unemployment Benefit Letter
- Child Support Statement/Order
- Military Family Allotment
- Self-declaration statements are acceptable under some conditions

Return this application and supporting documents to:

Our Early Learning Program will process your application and contact you regarding your eligibility for the program.

We strive to ensure all families are given an equitable opportunity for enrollment. We keep an active waitlist throughout the year. Due to limited space, we are not able to offer enrollment to every family at the start of school. However, after eligibility is determined, if your child is not immediately selected at the start of the school year, his/her name will remain on the waitlist. If you find another program and want to remain on our waitlist, you may. You can remove your child's name from the waitlist anytime. To find a PSESD Early Learning program closest to you go to <http://www.earlylearningwa.org/index.php/find-a-classroom>

2017-2018 Early Learning Application

Section A: Child's Information

Child's Information	Child's First Name: _____ Middle Initial: ____ Last Name: _____	<input style="width: 30px; height: 25px;" type="text"/>
	Date of Birth: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Telephone: _____	<input style="width: 30px; height: 25px;" type="text"/>
	Address: _____ Age <input style="width: 20px; height: 20px;" type="text"/> <small>(STAFF ONLY)</small>	<input style="width: 30px; height: 25px;" type="text"/>
	Apartment Name/Number: _____ City: _____ Zip: _____	<input style="width: 30px; height: 25px;" type="text"/>
	What's your child's home language? _____	<input style="width: 30px; height: 25px;" type="text"/>
	How do you identify your child's race(s)/ethnicity(s)? _____	<input style="width: 30px; height: 25px;" type="text"/>
During last year, did your child attend? <input type="checkbox"/> Early Head Start <input type="checkbox"/> Head Start and/or ECEAP		<input style="width: 30px; height: 25px;" type="text"/>
If yes, name of program: _____		<input style="width: 30px; height: 25px;" type="text"/>

Section B: Eligibility Information

Family Information	Does your family currently receive TANF cash assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes Child-only TANF? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input style="width: 30px; height: 25px;" type="text"/>
	Is your family currently receiving Childcare Subsidy? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input style="width: 30px; height: 25px;" type="text"/>
	Are you or a member of your family currently receiving SSI? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input style="width: 30px; height: 25px;" type="text"/>
	If yes, who: _____ Relationship to applicant: _____	<input style="width: 30px; height: 25px;" type="text"/>
	Is this application for a child in Foster care? <input type="checkbox"/> No <input type="checkbox"/> Yes Kinship care? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>(FS/FA see App. Proc. for add'l explanation)</small>	<input style="width: 30px; height: 25px;" type="text"/>
	Are you currently experiencing homelessness? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input style="width: 30px; height: 25px;" type="text"/>
	Is the child's family currently receiving Child Protective Services (CPS) or similar Indian Child Welfare (ICW) services? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input style="width: 30px; height: 25px;" type="text"/>
	Is the child's family currently receiving services from Family Assessment Response (FAR)? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input style="width: 30px; height: 25px;" type="text"/>
Household income for the last calendar year or the last 12 months: _____		<input style="width: 30px; height: 25px;" type="text"/>
Number of people in your household: _____ List ages of children: _____		<input style="width: 30px; height: 25px;" type="text"/>

Section C: Health and Development Information

Child's Information	Has your child been DIAGNOSED by a Health Care Provider with any of the conditions listed below? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input style="width: 30px; height: 25px;" type="text"/>
	If yes, check all that apply: <input type="checkbox"/> Respiratory (Asthma, RSV, RAD, other) <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Heart Condition <input type="checkbox"/> Food Allergies (list): _____ <input type="checkbox"/> Swallowing <input type="checkbox"/> Non-Food Allergies (list): _____ <input type="checkbox"/> Other (list): _____	<input style="width: 30px; height: 25px;" type="text"/>
	Do you have any other concerns about your child's health? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input style="width: 30px; height: 25px;" type="text"/>
	If yes, check all that apply: <input type="checkbox"/> Feeding and/or special diet <input type="checkbox"/> Low birth weight (5.5lbs or less) <input type="checkbox"/> Hearing <input type="checkbox"/> Tooth Pain/Decay/Bleeding Gums <input type="checkbox"/> Vision <input type="checkbox"/> Mental Health <input type="checkbox"/> Drug/Alcohol Affected <input type="checkbox"/> Food Intolerance (list): _____ <input type="checkbox"/> Other health concerns(list): _____	<input style="width: 30px; height: 25px;" type="text"/>
	Does your child have medical insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input style="width: 30px; height: 25px;" type="text"/>
	If yes, what type: <input type="checkbox"/> Apple Health/ProviderOne <input type="checkbox"/> Private <input type="checkbox"/> Indian Health <input type="checkbox"/> Other: _____	<input style="width: 30px; height: 25px;" type="text"/>
	Does your child have dental insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input style="width: 30px; height: 25px;" type="text"/>
	If yes, what type: <input type="checkbox"/> Apple Health/ProviderOne <input type="checkbox"/> Private <input type="checkbox"/> Indian Health <input type="checkbox"/> Other: _____	<input style="width: 30px; height: 25px;" type="text"/>
	Has your child experienced (Check all that apply): <input type="checkbox"/> Abuse/Neglect <input type="checkbox"/> Former Foster Care <input type="checkbox"/> Asked to leave a childcare center because of behavior	<input style="width: 30px; height: 25px;" type="text"/>
	Does your child have a special need? (Check all that apply): <input type="checkbox"/> Individualized Family Service Plan (IFSP) <input type="checkbox"/> Individualized Education Plan (IEP) Start Date: _____ End Date: _____ <input type="checkbox"/> A diagnosed disability <input type="checkbox"/> Enrollment in an Early Intervention Birth to 3 program in the last 6 months	<input style="width: 30px; height: 25px;" type="text"/>
Do you have concerns about your child's development? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input style="width: 30px; height: 25px;" type="text"/>	
If yes, check all that apply: <input type="checkbox"/> Speech/Talking (making sounds, delayed talking, hard to understand and/or difficulties understanding others) <input type="checkbox"/> Fine Motor (grasping, drawing, writing and/or dressing) <input type="checkbox"/> Behavior (hitting, biting, having tantrums and/or not cooperating) <input type="checkbox"/> Gross Motor (walking, climbing, throwing, spinning, lack of eye contact, loss of skills) <input type="checkbox"/> Other concerns: _____	<input style="width: 30px; height: 25px;" type="text"/>	

Section D: Family Information

Child lives with: <input type="checkbox"/> One parent/guardian <input type="checkbox"/> Two parents/guardians		<input type="checkbox"/>
Parent(s)/Guardian(s) Relationship to the applicant: <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Biological/Adoptive Parent(s) <input type="checkbox"/> Step Parent(s) <input type="checkbox"/> Other:		
Parent/Guardian <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	Parent/Guardian <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	
Name: _____	Name: _____	
Address – if different than child: _____	Address – if different than child: _____	
Are you a teen parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a teen parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Primary Phone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message	Primary Phone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message	
Secondary Phone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message	Secondary Phone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message	
Email Address: _____	Email Address: _____	
Date of birth: _____ / _____ / _____ Month Day Year	Date of birth: _____ / _____ / _____ Month Day Year	
Is parent/guardian in active U.S. military duty? <input type="checkbox"/> No <input type="checkbox"/> Yes Is parent guardian a U.S. military veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes Is parent/guardian in job training or school? <input type="checkbox"/> No <input type="checkbox"/> Yes Is parent/guardian employed? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired <input type="checkbox"/> Disabled If employed, how many hours a week? _____	Is parent/guardian in active U.S. military duty? <input type="checkbox"/> No <input type="checkbox"/> Yes Is parent guardian a U.S. military veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes Is parent/guardian in job training or school? <input type="checkbox"/> No <input type="checkbox"/> Yes Is parent/guardian employed? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired <input type="checkbox"/> Disabled If employed, how many hours a week? _____	
Do you need an interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes What language(s) do you speak? _____	Do you need an interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes What language(s) do you speak? _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Education Level (check highest completed) <input type="checkbox"/> Grade 6 or less <input type="checkbox"/> High School Graduate <input type="checkbox"/> Grade 7 <input type="checkbox"/> College/Adv. Training <input type="checkbox"/> Grade 8 <input type="checkbox"/> College Degree/Training Certificate <input type="checkbox"/> Grade 9 <input type="checkbox"/> Associate Degree <input type="checkbox"/> Grade 10 <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Grade 11 <input type="checkbox"/> Master's Degree <input type="checkbox"/> Grade 12 (No diploma) <input type="checkbox"/> GED	Education Level (check highest completed) <input type="checkbox"/> Grade 6 or less <input type="checkbox"/> High School Graduate <input type="checkbox"/> Grade 7 <input type="checkbox"/> College/Adv. Training <input type="checkbox"/> Grade 8 <input type="checkbox"/> College Degree/Training Certificate <input type="checkbox"/> Grade 9 <input type="checkbox"/> Associate Degree <input type="checkbox"/> Grade 10 <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Grade 11 <input type="checkbox"/> Master's Degree <input type="checkbox"/> Grade 12 (No diploma) <input type="checkbox"/> GED	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
To best support your family, please check all areas of concern you have for yourself and/or your family? <input type="checkbox"/> Disability/Unable to work <input type="checkbox"/> Job/Employment <input type="checkbox"/> Little or no support from family or friends <input type="checkbox"/> Drug/Alcohol issues <input type="checkbox"/> Learning difficulties <input type="checkbox"/> Immigrant/Refugee (past 3 years) <input type="checkbox"/> Health Concern <input type="checkbox"/> Medical coverage <input type="checkbox"/> Loss/Grief <input type="checkbox"/> Incarcerated Parent(s) <input type="checkbox"/> Family Violence <input type="checkbox"/> Housing <input type="checkbox"/> Legal issues <input type="checkbox"/> Military deployment (current or in last year) <input type="checkbox"/> Immigration <input type="checkbox"/> Mental Health, Post-Partum Depression, Anxiety, Depression, PTSD <input type="checkbox"/> Past CPS Involvement <input type="checkbox"/> Homeless in the past 12 months (not currently)		<input type="checkbox"/>
How did you hear about our program? <input type="checkbox"/> Agency referral from: _____ <input type="checkbox"/> Other: _____		<input type="checkbox"/>

I have answered the questions to the best of my knowledge. The information provided will be used to determine my child's eligibility for the Early Learning Programs. The information on your application is confidential and used ONLY to determine eligibility. We do not release information to immigration or other government authorities.

Parent/Guardian Signature: _____ Date: _____

STAFF ONLY	STAFF ONLY	STAFF ONLY	STAFF ONLY
Date received: _____ Date sent to PSESD: _____ Site ID/Name: _____	Child's Name: _____ <input type="checkbox"/> This child is currently enrolled in a community slot at this center <input type="checkbox"/> This child's sibling is currently enrolled in a community slot at this center	Date FSS contacted family to review Application: _____	<input type="checkbox"/>