



STEP AHEAD and SEATTLE PRESCHOOL PROGRAM PATHWAY Enrollment Form 2018-2019

Step Ahead and SPP Pathway Preschools serve 3 and 4-year-old lower income children living in Seattle

- Families with income
- Children who are English Language Learners
- Children in foster/kinship care or other areas of child welfare system
- Children who are homeless
- Children not currently in preschool, but in the care of family member, friends, or neighbors who would benefit from Pre-K program
- Children with special needs; and
- Children of color

To be verified for Step Ahead and SPP Pathway, the following documents and enrollment form must be submitted to the provider:

CHILD'S AGE

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

- Birth Certificate
- Passport
- Government-issued ID
- Hospital Records
- Immigration documentation with birthdate

ADDRESS

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

Submit **ONE** from this list

- Utility Bill
 - Gas
 - Water/Garbage
 - Light/Electrical
 - Cable
 - Landline phone
- Home/Renters Insurance
- Mortgage Document

OR

Submit **TWO** from this list

- Insurance document (Health, car, etc.)
- Benefits document (DSHS, SSI, paystub, etc.)
- Financial document (Bank statement, retirement, credit card statement, etc.)
- Other bills
- WA driver's license/WA state ID
- Lease or housing agency letter

All DEEL programs are for people who live in the City of Seattle only. For families in transition, are homeless, or otherwise unable to offer documentation above, please contact DEEL to request a housing affidavit form (206-386-1050)

INCOME

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

If you have income from...

EMPLOYMENT (Submit one of these options)

- Pay Stubs- Previous 3 full months
- Letter from any employer- on letterhead, includes start date, hours worked, wage
- Self-employed- Please request the form from DEEL

STUDENT (Submit any applicable)

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

OTHER INCOME (Submit anything applicable)

- TANF or other cash benefits- current award letter
- Rental income- 3 months of statements
- Other income- 3 months of statements

If you have...

CHILD SUPPORT (Submit either of these options)

- Received: Court documentation with amount or child support statement (request form from DEEL)
- Paid: Court documentation with amount; OR a 6-month history of payments

CHILD AND FAMILY INFORMATION

The Step Ahead and SPP Pathway is open to all eligible children, regardless of their citizenship status, race, gender, ethnicity or developmental need. To best serve your child, please answer the following questions.

CHILD INFORMATION		
First Name:	Middle:	Last:
Birth Date:	Gender: How does your child identify? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Child's Primary Language:	Other languages spoken at home:	

- 1) Does your child have a diagnosed disability? Y N
- 2) Has your child received special education services in the past two years? Y N
If yes, please list with what school district _____
- 3) Is your child currently enrolled in developmental preschool? Y N
If yes, please list name of developmental preschool: _____
- 4) Do you, a doctor or any other person have a developmental, behavioral, or physical concern about your child? Y N
- 5) During school hours, does your child need help with a medical condition? (i.e. allergies, diabetes, blood sugar, seizures, eye/ear drops) Briefly explain: _____

- 6) Do you own or rent your home? Y N
 If you do not own/rent your own home, please check all that apply. The child applicant and I currently reside :
 In a motel In a shelter Transitional Housing Moving from place to place/couch surfing In someone else's house or apartment with another family In a residence with inadequate facilities (no water, heat, electricity) A car, park, campsite or similar location Other
- 7) Is your child in the foster care system? Y N

CHILD DEMOGRAPHICS

What race and ethnicity do you consider your child? Check all that apply.

Asian	<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
American Indian, Alaska Native	<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
Black, African, African American	<input type="checkbox"/> African American <input type="checkbox"/> Amhara	<input type="checkbox"/> Eritrean <input type="checkbox"/> Oromo	<input type="checkbox"/> Somali <input type="checkbox"/> Tigray	<input type="checkbox"/> West African <input type="checkbox"/> Other Black/ African American
Hispanic, Latino	<input type="checkbox"/> Central American <input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican <input type="checkbox"/> Latin American <input type="checkbox"/> Puerto Rican	<input type="checkbox"/> South American <input type="checkbox"/> Spaniard	<input type="checkbox"/> Mexican/ Mexican American/ Chicano <input type="checkbox"/> Other Hispanic/Latino
North African Middle Eastern	<input type="checkbox"/> Algerian <input type="checkbox"/> Egyptian	<input type="checkbox"/> Iranian <input type="checkbox"/> Lebanese	<input type="checkbox"/> Moroccan <input type="checkbox"/> Syrian	<input type="checkbox"/> Other North African/Middle Eastern
Native Hawaiian, Pacific Islander	<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
White	<input type="checkbox"/> White			

PARENT/GUARDIAN INFORMATION

Please enter information for the primary and secondary parents/guardians.

PRIMARY PARENT/GUARDIAN INFORMATION

First Name:		Middle:		Last:	
Birth Date:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Relationship to child:	
Home Address:			Mailing Address (if different from Home)		
City: _____ Zip: _____ Apt/Ste: _____			City: _____ Zip: _____ Apt/Ste: _____		
Email Address:					
Preferred language for communication:					
Primary Phone: () _____			Alternative Phone: () _____		
Type: <input type="checkbox"/> Land Line <input type="checkbox"/> Work <input type="checkbox"/> Cell			Type: <input type="checkbox"/> Land Line <input type="checkbox"/> Work <input type="checkbox"/> Cell		

What is your race and ethnicity? Check all that apply.

Asian	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Hmong	<input type="checkbox"/> Laotian	<input type="checkbox"/> Taiwanese
	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Malaysian	<input type="checkbox"/> Thai
	<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Vietnamese
	<input type="checkbox"/> Filipino	<input type="checkbox"/> Korean	<input type="checkbox"/> Singaporean	<input type="checkbox"/> Other Asian
American Indian, Alaska Native	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Lummi	<input type="checkbox"/> Quileute	<input type="checkbox"/> Squaxin Island
	<input type="checkbox"/> Chehalis	<input type="checkbox"/> Makah	<input type="checkbox"/> Quinault	<input type="checkbox"/> Stillaguamish
	<input type="checkbox"/> Colville	<input type="checkbox"/> Muckleshoot	<input type="checkbox"/> Samish	<input type="checkbox"/> Suquamish
	<input type="checkbox"/> Cowlitz	<input type="checkbox"/> Nisqually	<input type="checkbox"/> Sauk-Suiattle	<input type="checkbox"/> Swinomish
	<input type="checkbox"/> Hoh	<input type="checkbox"/> Nooksack	<input type="checkbox"/> Shoalwater	<input type="checkbox"/> Tulalip
	<input type="checkbox"/> Jamestown	<input type="checkbox"/> Port Gamble Klallam	<input type="checkbox"/> Skokomish	<input type="checkbox"/> Yakama
	<input type="checkbox"/> Kalispel	<input type="checkbox"/> Puyallup	<input type="checkbox"/> Snoqualmie	<input type="checkbox"/> Other Washington Indian
	<input type="checkbox"/> Lower Elwha		<input type="checkbox"/> Spokane	<input type="checkbox"/> Other American Indian
Black, African, African American	<input type="checkbox"/> African American	<input type="checkbox"/> Eritrean	<input type="checkbox"/> Somali	<input type="checkbox"/> West African
	<input type="checkbox"/> Amhara	<input type="checkbox"/> Oromo	<input type="checkbox"/> Tigray	<input type="checkbox"/> Other Black/ African American
Hispanic, Latino	<input type="checkbox"/> Central American	<input type="checkbox"/> Dominican	<input type="checkbox"/> South American	<input type="checkbox"/> Mexican/ Mexican American/ Chicano
	<input type="checkbox"/> Cuban	<input type="checkbox"/> Latin American	<input type="checkbox"/> Spaniard	<input type="checkbox"/> Other Hispanic/Latino
		<input type="checkbox"/> Puerto Rican		
North African, Middle Eastern	<input type="checkbox"/> Algerian	<input type="checkbox"/> Iranian	<input type="checkbox"/> Moroccan	<input type="checkbox"/> Other North African/Middle Eastern
	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Syrian	
Native Hawaiian, Pacific Islander	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Melanesian	<input type="checkbox"/> Samoan
	<input type="checkbox"/> Fijian	<input type="checkbox"/> Mariana Islander	<input type="checkbox"/> Micronesian	<input type="checkbox"/> Tongan
				<input type="checkbox"/> Other Pacific Islander
White	<input type="checkbox"/> White			

SECONDARY PARENT/GUARDIAN INFORMATION

First Name:		Middle:		Last:	
Birth Date:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Relationship to child:	
Email Address:					
Preferred language for communication:					
Primary Phone: () _____			Alternative Phone: () _____		
Type: <input type="checkbox"/> Land Line <input type="checkbox"/> Work <input type="checkbox"/> Cell			Type: <input type="checkbox"/> Land Line <input type="checkbox"/> Work <input type="checkbox"/> Cell		

What is the secondary parent's race and ethnicity? Check all that apply.

Asian	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Hmong	<input type="checkbox"/> Laotian	<input type="checkbox"/> Taiwanese
	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Malaysian	<input type="checkbox"/> Thai
	<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Vietnamese
	<input type="checkbox"/> Filipino	<input type="checkbox"/> Korean	<input type="checkbox"/> Singaporean	<input type="checkbox"/> Other Asian
American Indian, Alaska Native	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Lummi	<input type="checkbox"/> Quileute	<input type="checkbox"/> Squaxin Island
	<input type="checkbox"/> Chehalis	<input type="checkbox"/> Makah	<input type="checkbox"/> Quinault	<input type="checkbox"/> Stillaguamish
	<input type="checkbox"/> Colville	<input type="checkbox"/> Muckleshoot	<input type="checkbox"/> Samish	<input type="checkbox"/> Suquamish
	<input type="checkbox"/> Cowlitz	<input type="checkbox"/> Nisqually	<input type="checkbox"/> Sauk-Suiattle	<input type="checkbox"/> Swinomish
	<input type="checkbox"/> Hoh	<input type="checkbox"/> Nooksack	<input type="checkbox"/> Shoalwater	<input type="checkbox"/> Tulalip
	<input type="checkbox"/> Jamestown	<input type="checkbox"/> Port Gamble Klallam	<input type="checkbox"/> Skokomish	<input type="checkbox"/> Yakama
	<input type="checkbox"/> Kalispel	<input type="checkbox"/> Puyallup	<input type="checkbox"/> Snoqualmie	<input type="checkbox"/> Other Washington Indian
	<input type="checkbox"/> Lower Elwha		<input type="checkbox"/> Spokane	<input type="checkbox"/> Other American Indian
Black, African, African American	<input type="checkbox"/> African American	<input type="checkbox"/> Eritrean	<input type="checkbox"/> Somali	<input type="checkbox"/> West African
	<input type="checkbox"/> Amhara	<input type="checkbox"/> Oromo	<input type="checkbox"/> Tigray	<input type="checkbox"/> Other Black/ African American

Hispanic, Latino	<input type="checkbox"/> Central American <input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican <input type="checkbox"/> Latin American <input type="checkbox"/> Puerto Rican	<input type="checkbox"/> South American <input type="checkbox"/> Spaniard	<input type="checkbox"/> Mexican/ Mexican American/ Chicano <input type="checkbox"/> Other Hispanic/Latino
North African, Middle Eastern	<input type="checkbox"/> Algerian <input type="checkbox"/> Egyptian	<input type="checkbox"/> Iranian <input type="checkbox"/> Lebanese	<input type="checkbox"/> Moroccan <input type="checkbox"/> Syrian	<input type="checkbox"/> Other North African/Middle Eastern
Native Hawaiian, Pacific Islander	<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
White	<input type="checkbox"/> White			

FAMILY MEMBERS AND INCOME

This section asks for information about FAMILY members and income. The Step Ahead/Pathway Programs use this information to help determine eligibility for the program. Please use the guidelines below to determine family members.

Parent, step-parent, guardians and their spouses, dependent children, adoptive siblings-children still in high school.

All family members live in the same house.

Homeless families living with others would not include their hosts in the family.

Please carefully fill out the chart below. When thinking about income, consider sources such as wages, child support, SSI, unemployment, financial aid, dividends, TANF, etc.

Notes: For children in the foster care system or on a child-only Temporary Assistance for Needy Families (TANF) grant, the Department of Education and Early Learning (DEEL) includes only the children covered by the grant.

All families on Temporary Assistance to Needy Families (TANF) cash assistance and all foster children are eligible for ECEAP or Head Start Program

If a child does not live with a parent or legal guardian, the child is considered homeless with a family size of one. Select this box if this is the case

Name(s) of ALL adults over 18 living in household who meet the all three criteria above	Birthdate	Relation to Child	Income Source Wages, Child Support, Dividends, Financial Aid, SSI, TANF, Unemployment, etc.	Annual Gross Income <i>Before Taxes</i>
<i>Example: Jane Doe</i>	<i>03/14/84</i>	<i>Mother</i>	<i>Wages</i>	<i>\$37,550.00</i>
<i>Example: Jane Doe</i>	<i>03/14/84</i>	<i>Mother</i>	<i>Child Support</i>	<i>\$6,600.00</i>

Name/s of ALL children under 18 in household, <u>including applicant</u>	Birthdate	Relation to Child
<i>Example: John Doe</i>	<i>11/05/12</i>	<i>Brother</i>
<i>Example: Jack Doe</i>	<i>08/20/10</i>	<i>Cousin</i>

For Staff Use Only	
Total Number in Family Size	
Total Annual Gross Income	
FPL %	

CHILD FIRST & LAST NAME:

BIRTHDATE:

STEP AHEAD/SPP PATHWAY PROGRAM CONSENT

The Department of Education and Early Learning (DEEL) partners closely with preschool providers to provide high-quality service and support to your child.

DEEL contracts with service providers to serve your child's health, educational, and developmental needs. This includes securely sharing information with these partners to offer services.

Public Health- Seattle & King County (PHSKC) monitors your child's health through vision, weight, hearing, and height screenings to ensure they are not barriers to your child's learning. The Ages and Stages Questionnaire assesses if children are on-track developmentally so the provider, DEEL, and PHSKC can offer additional supports if needed. If additional actions are recommended for your child, the provider will share the results with you.

Step Ahead and SPP Pathway teachers will use in-classroom assessments to observe your child and to inform their teaching practices. DEEL's priority is helping children prepare for kindergarten so DEEL and the provider will use the information from these assessments to evaluate the program effectiveness.

DEEL partners with the Washington State Department of Early Learning ("the State") to access Teaching Strategies GOLD® and use the online secure system to record assessment scores and observations. Your child's physical, cognitive, social, and emotional development will be observed and recorded by teachers.

DEEL stores enrollment, assessment and attendance information in a secure database. Identifiable information may be shared between DEEL, Public Health- Seattle & King County (PHSKC) and the Washington State Department of Early Learning ("the State") when necessary to deliver services.

Seattle Public Schools ("the District") may provide education services for your child for grades K-12. DEEL's goal is to help your child prepare for Kindergarten and beyond and partnership with the District helps DEEL evaluate how effectively your child was prepared.

The District will create student identification numbers for the children in Step Ahead and SPP Pathway to allow DEEL to evaluate the long-term effectiveness of the program by monitoring Step Ahead and SPP Pathway participants' progress throughout the child's term at the District. DEEL will provide the following information to the District via secure file transfer in order for the District to create ID numbers: children's names, addresses, dates of birth, race, ethnicity, gender and provider.

If your child has been evaluated by the District's Special Education Department already, DEEL, the Provider, and the District will share information to maintain support services for your child, so your child can have the greatest opportunity for success in Step Ahead/SPP Pathway.

The District will share the Individualized Education Program (IEP) with DEEL, the Provider and PHSKC. The District may also share academic records, educational evaluations, immunization records, social/emotional evaluations, medical and clinical records, vision/hearing evaluations, psychological evaluations, speech/language evaluations and/or occupational/physical therapy evaluations as applicable.

DEEL protects families' and children's information carefully under the City's Privacy Standards. There are some circumstances that information may be shared with the public if required by law.

Because the City must abide by the Washington State Public Records Act, and DEEL is publicly-funded, any records related to Step Ahead/SPP Pathway can be requested by and disclosed to the public, except for "personal information" about children and families like names, birthdates, ages and addresses. Non-identifiable information will be shared with the public, since Step Ahead/SPP Pathway is funded by a Seattle property tax and demonstration of the program's effectiveness must be reported.

OPTIONAL CONSENTS

Optional: I am giving permission for my child to be photographed or videotaped for educational purposes and advertising Seattle Preschool Program or the Seattle Early Education Collaborative through various mediums, e.g. internet, flyers, brochures.

Initial: _____

Optional: If you are interested in applying for financial assistance for any **wrap-around** child care (before/after the SPP hours,) please check this box and a member of our team will be in touch with you. The Childcare Assistance Program requires both parents be working or students and families must fall within 200.1%-300% of the Federal Poverty Level.

I am interested- please contact me!

PRIVACY STATEMENT

Personal information entered on this form is subject to Washington Public Records Act, and may be subject to disclosure to a third-party requestor. At the City of Seattle, we are committed to protecting your privacy and will ensure that any disclosures are done according to law. To learn more about how this information is managed please see our [Privacy Statement](http://seattle.gov/tech/initiatives/privacy) [http://seattle.gov/tech/initiatives/privacy]

REQUIRED PARENT SIGNATURE

By signing below, I **1)** confirm I have read the privacy policy; and **2)** consent to my child participating in the Seattle Preschool Program; and **3)** agree to the terms and conditions and will abide by them. 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 Signature _____

Date _____

FOR RETURNING CHILDREN ONLY

If your information has changed from last school year to this school year, please share the updates below. You will be required to submit appropriate documentation to support these updates.

CHANGE IN CONTACT INFORMATION

Parent Name:
Address:
City, Zip Code:
Phone Number: ()
Email Address:
Do you currently reside in inconsistent shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No

CHANGE IN INCOME INFORMATION

Wages/Salary & Self-employed income	\$
Child Support, Alimony received	\$
Pension, retirement, social security	\$
Supplemental Security (SSI)	\$
DSHS	\$
Unemployment benefits	\$
Other, i.e. TANF (explain)	\$
Financial Aid	\$
Child Support PAID out (subtract)	- \$
Total Annual Income	

ADD/REMOVE FAMILY MEMBERS

Name	Relationship	Gender	DOB	Race	Primary Language