Original Points | Total Points

Early Learning psesd excellence & equity in education Puget Sound Educational Service District

(For Staff Use Only)
Date sent to ESD: _____

Center Location ID: _____

2017-2018 Returning Application

Section A: Child's Information

Child's Information

Child's First Name: _____ Middle Initial: ____ Last Name: _____

Date of Birth: _____ Gender: ❑ Male ❑ Female Telephone: _____

Address: _____

Apartment Name/Number: _____ City: _____ Zip: _____

Section B: Health and Development Information

Child's Information

❑ Respiratory (Asthma, RSV, RAD, other) ❑ Diabetes ❑ Seizures ❑ Heart Condition
❑ Food Allergies (list): _____ ❑ Swallowing
❑ Non-Food Allergies (list): _____ ❑ Other (list): _____

Do you have any other concerns about your child's health? ❑ No ❑ Yes
If yes, check all that apply:
❑ Feeding and/or special diet ❑ Low birth weight (5.5 lbs or less) ❑ Hearing ❑ Tooth Pain/Decay/Bleeding Gums
❑ Vision ❑ Mental Health ❑ Drug/Alcohol Affected
❑ Food Intolerance (list): _____ ❑ Other health concerns(list): _____

Does your child have medical insurance? ❑ No ❑ Yes
If yes, what type: ❑ Apple Health/ProviderOne ❑ Private ❑ Indian Health ❑ Other: _____

Does your child have dental insurance? ❑ No ❑ Yes
If yes, what type: ❑ Apple Health/ProviderOne ❑ Private ❑ Indian Health ❑ Other: _____

Has your child experienced (Check all that apply):
❑ Abuse/Neglect ❑ Former Foster Care ❑ Asked to leave a childcare center because of behavior

Does your child have a special need? (Check all that apply):
❑ Individualized Education Plan (IEP) ❑ Individualized Family Service Plan (IFSP) ❑ A diagnosed disability
❑ Enrollment in an Early Intervention Birth to 3 program in the last 6 months

Do you have concerns about your child's development? ❑ No ❑ Yes
If yes, check all that apply:
❑ Speech/Talking (making sounds, delayed talking, hard to understand and/or difficulties understanding others)
❑ Fine Motor (grasping, drawing, writing and/or dressing)
❑ Behavior (hitting, biting, having tantrums and/or not cooperating)
❑ Gross Motor (walking, climbing, throwing, spinning, lack of eye contact, loss of skills)
❑ Other concerns: _____

Section C: Family Information

Child lives with: ❑ One parent/guardian ❑ Two parents/guardians
Parent(s)/Guardian(s) Relationship to the applicant: ❑ Foster Parent(s) ❑ Grandparent(s) ❑ Aunt/Uncle
❑ Biological Parent(s) ❑ Adopted Parent(s) ❑ Step Parent(s) ❑ Other: _____

Parent/Guardian Information

Parent/Guardian ❑ Mother ❑ Father ❑ Other	**Parent/Guardian** ❑ Mother ❑ Father ❑ Other
Name: _____	Name: _____
Address – if different than child:	Address – if different than child:
Primary Phone: _____ ❑ Home ❑ Cell ❑ Work ❑ Message	Primary Phone: _____ ❑ Home ❑ Cell ❑ Work ❑ Message
Secondary Phone: _____ ❑ Home ❑ Cell ❑ Work ❑ Message	Secondary Phone: _____ ❑ Home ❑ Cell ❑ Work ❑ Message

Parent/Guardian Information

Email Address:	Email Address:
Date of Birth: ____/____/____ MM DD YYYY	Date of Birth: ____/____/____ MM DD YYYY
Education Level (check highest completed) ❑ Grade 6 or less ❑ GED ❑ Grade 7 ❑ High School Graduate ❑ Grade 8 ❑ College/Adv. Training ❑ Grade 9 ❑ College Degree/Training Certificate ❑ Grade 10 ❑ Associate Degree ❑ Grade 11 ❑ Bachelor Degree ❑ Grade 12 (No diploma) ❑ Master's Degree	**Education Level (check highest completed)** ❑ Grade 6 or less ❑ GED ❑ Grade 7 ❑ High School Graduate ❑ Grade 8 ❑ College/Adv. Training ❑ Grade 9 ❑ College Degree/Training Certificate ❑ Grade 10 ❑ Associate Degree ❑ Grade 11 ❑ Bachelor Degree ❑ Grade 12 (No diploma) ❑ Master's Degree
Is parent/guardian in active U.S. military duty? ❑ No ❑ Yes Is parent guardian a U.S. military veteran? ❑ No ❑ Yes Is parent/guardian in job training or school? ❑ No ❑ Yes Is parent/guardian employed? ❑ No ❑ Yes ❑ Full Time ❑ Part Time ❑ Seasonal ❑ Retired ❑ Disabled If employed, how many hours a week? _____	Is parent/guardian in active U.S. military duty? ❑ No ❑ Yes Is parent guardian a U.S. military veteran? ❑ No ❑ Yes Is parent/guardian in job training or school? ❑ No ❑ Yes Is parent/guardian employed? ❑ No ❑ Yes ❑ Full Time ❑ Part Time ❑ Seasonal ❑ Retired ❑ Disabled If employed, how many hours a week? _____
Do you need an interpreter? ❑ No ❑ Yes What language(s) do you speak? _____	Do you need an interpreter? ❑ No ❑ Yes What language(s) do you speak? _____

To best support your family, please check all areas of concern you have for yourself and/or your family.

❑ Disability/Unable to work	❑ Job/Employment	❑ Little or no support from family or friends	
❑ Drug/Alcohol issues	❑ Learning difficulties	❑ Immigrant/Refugee (*past 3 years*)	❑ Health Concern
❑ Medical coverage	❑ Loss/Grief	❑ Incarcerated Parent(s)	❑ Family Violence
❑ Housing	❑ Legal issues	❑ Military deployment (current or in last year)	
❑ Immigration	❑ Mental Health, Post-Partum Depression, Anxiety, Depression, PTSD		
❑ Past CPS Involvement	❑ Homeless in the past 12 months (not currently)		

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.

Note: The information on your application is confidential and used ONLY to determine eligibility. We do not release information to immigration or other government authority.

Parent/Guardian Signature: _____ Date: _____

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Is this child returning to the same center? ❑ No ❑ Yes If not, which center is the child returning to? _____

Forms Needed: New

- ❑ Parent/Guardian Consent and Emergency Treatment
- ❑ Safe Arrival/Departure Agreement
- ❑ Release/Exchange of Confidential Information (as needed)
- ❑ Parent Interest Survey
- ❑ Family Engagement Survey
- ❑ Initial School Readiness Goal Form
- ❑ Child Enrollment Information Form (Preschool or Infant/Toddler)
- ❑ MD Statement for Administration of Medications (as needed)
- ❑ Medical Exam (every 12 months for preschool, more frequent for EHS)
- ❑ Dental Exam (every 6 months)
- ❑ New H & D History if longer than 2 years in program
- ❑ Child Health Plan (as needed, NPLT – PLT done by SRC Health for EHS/HS, Nurse Consultant for ECEAP)
- ❑ HIPAA (Health Information Exchange – only as needed)
- ❑ Parent Authorization for Medication Administration (as needed)

Update or Review/Parent re-sign and date

- ❑ Family Partnership Agreement (EHS Home Based Only)
- ❑ Family Partnership Plan
- ❑ Eligibility Verification Form (EHS transferring to preschool or 3rd year HS)
- ❑ Family Enrollment Visit Record
- ❑ Health/Developmental History (review or update for year 1&2, new form for 3rd year)
- ❑ Race & Ethnicity Form (complete if missing from current year)
- ❑ Food Introduction Record Form (EHS)