

Early Learning Application 2024-2025



Staff Only	ChildPlus ID:	ELMS ID:	Date Received:
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Child Information – General

First Name: <input style="width: 80%;" type="text"/>	Middle Initial: <input style="width: 80%;" type="text"/>	Last Name(s): <input style="width: 80%;" type="text"/>
Date of Birth (month/day/year): <input style="width: 80%;" type="text"/>		Preferred Name: <input style="width: 80%;" type="text"/>
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Gender Identity (optional): <input style="width: 80%;" type="text"/>	Preferred Pronouns (optional): <input style="width: 80%;" type="text"/>

What is this child's home language?	2 nd language:
This child speaks: <input type="checkbox"/> Only English <input type="checkbox"/> Mostly English and another language <input type="checkbox"/> *Some English, but mostly another language <input type="checkbox"/> Both English and another language the same (bilingual) <input type="checkbox"/> *Only a language other than English	

Is this child Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Report		
What is this child's race? Check all that apply.		
<input type="checkbox"/> African/African American/Black	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Not listed:
<input type="checkbox"/> Asian	<input type="checkbox"/> White	
<input type="checkbox"/> Alaska Native/Native American/American Indian	<input type="checkbox"/> Decline to Report	
What is your family's heritage/tribe/country of origin? <input style="width: 80%;" type="text"/>		
Is this child part of a tribe either by membership or by ancestry/lineage? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Has this child been previously enrolled in these programs? Only check the most recent .		
<input type="checkbox"/> None	<input type="checkbox"/> Head Start/Early Head Start/ECEAP/Early ECEAP in King or Pierce County, Washington State	<input type="checkbox"/> Migrant/Seasonal Head Start anywhere in Washington State
<input type="checkbox"/> Early Support for Infants and Toddlers (ESIT), IDEA Part C, ECLIPSE	<input type="checkbox"/> Head Start/Early Head Start/ECEAP /Early ECEAP in another Washington State County	
When did this child last attend? <input style="width: 80%;" type="text"/>	Name and location of program: <input style="width: 80%;" type="text"/>	
Is this child currently enrolled in a community slot at this site? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this child a sibling of a child currently enrolled in the program you are applying to? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Foster or Kinship Care:	
*Is this child in official foster care or kinship care with a grant amount? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes , what is the Case Number or Client ID Number? <input style="width: 80%;" type="text"/>	
What is the monthly grant/payment amount and source? \$ <input style="width: 80%;" type="text"/>	<input type="checkbox"/> DSHS <input type="checkbox"/> SSI <input type="checkbox"/> Tribe <input type="checkbox"/> Other
# of children covered by grant amount: <input style="width: 80%;" type="text"/>	
* Is this child in kinship care without a grant amount? <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Was this child adopted after foster or kinship care, or from orphanage in another country? <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Was this child recently reunited with parent(s) after foster care or kinship care? <input type="checkbox"/> Yes <input type="checkbox"/> No	



Early Learning Application 2024-2025

Child's First Name:

Child's Last Name:

The questions below are for information only. Answering "Yes" will not affect your eligibility or enrollment in the program.

Does your family currently receive services /support through Child Protective Services (CPS), Family Assessment Response (FAR), Indian Child Welfare (ICW), comparable tribal services, or law enforcement/court system? ☐ Yes ☐ No

Has your family received services/support from CPS/FAR/ICW, comparable tribal services, or law enforcement/court system in the past? ☐ Yes ☐ No

Is your family currently approved for childcare through CPS or FAR?

☐ Yes – How many approved hours per week?

☐ No

Has this child ever been asked to leave an early learning program because of behavior issues? ☐ Yes ☐ No

Child Information – Health

Does this child have medical insurance? ☐ Yes ☐ No

If yes, what type? ☐ Washington Apple Health/ProviderOne ☐ Private Insurance ☐ Tribal ☐ Military Medical Coverage

Does this child have a regular doctor or medical clinic?

☐ Yes - Name of clinic/provider:

Name of medical professional:

☐ No

Did this child have a well-child exam within the last 12 months?

☐ Yes – Date of last exam (month/day/year):

☐ No ☐ Date Unknown

Does this child have dental insurance? ☐ Yes ☐ No

If yes, what type? ☐ Washington Apple Health/ProviderOne ☐ Private Insurance ☐ Tribal ☐ ABCD ☐ Military Dental Coverage

Does this child have a regular dentist or dental clinic?

☐ Yes - Name of clinic/provider:

Name of dental professional:

☐ No

Did this child have dental exam within the last 6 months?

☐ Yes – Date of last exam (month/day/year):

☐ No ☐ Date Unknown

What is your child's immunization status? ☐ Fully immunized ☐ Exempt ☐ Not fully immunized or exempt ☐ Not sure

Does this child have a chronic health condition (may include mental health, asthma, cancer, diabetes, seizures, ADHD, autism, spina bifida, sickle cell disease, or life-threatening allergies)?

☐ Yes – Please describe:

The health condition is considered: ☐ Severe ☐ Moderate ☐ Mild

☐ No

Has a Health Care Provider diagnosed this condition? ☐ Yes ☐ No



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Child's First Name:

Child's Last Name:

Child Information - Development

Do you have concerns about this child's health? ☐ Yes – check all that apply below ☐ No

- ☐ Low birth weight (less than 5.5 lbs/5 lbs 8 oz.)
☐ Hearing
☐ Vision

- ☐ Preterm birth less than 37 weeks
☐ Fine motor/gross motor
☐ Food intolerance/special diet –

- ☐ Drug/alcohol affected
☐ Tooth pain/decay/bleeding gums

Please describe:

Does this child have a **current and active** Individual Education Plan (IEP) or Individual Family Service Program (IFSP)?

☐ Yes – Please provide a copy with your application.

☐ No – Check if any of these apply:

- ☐ My child had an evaluation and was determined eligible for an IEP, but we are waiting for IEP to be issued or declined services.
☐ My child has had an IFSP in the past but did not transition to an IEP with the school district.
☐ My child has a diagnosed developmental delay or disability with no IEP, **or** is being referred for evaluation.
☐ My child has a suspected developmental delay or disability.
☐ I have concerns about my child's development.

Parent/Guardian Information

This child lives with:

- ☐ One parent/guardian (**complete Parent/Guardian 1**)
☐ Two parents/guardians in the same household (**complete Parent/Guardian 1 & 2**)
☐ Two parents/guardians in two households (**complete Parent/Guardian 1 & 2**)

	Parent/Guardian 1	Parent/Guardian 2
First Name		
Last Name(s)		
Relationship to child	<input type="checkbox"/> Biological/Adopted/Stepparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other:	<input type="checkbox"/> Biological/Adopted/Stepparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other:
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Gender Identity (optional)		
Preferred Pronouns (optional)		
Date of Birth (month/day/year)		
Address (include City, State, Zip)		
Phone	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Alternate Phone	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Email		
Were you under age 18 when this child was born?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
What language(s) do you speak?		



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Child's First Name:

Child's Last Name:

	Parent/Guardian 1	Parent/Guardian 2
Do you need an interpreter for this language?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or any members of your family have ADA or other accessibility needs we can support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you identify as Hispanic/Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Report	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Report
What is your race? Check all that apply	<input type="checkbox"/> African/African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Alaska Native/Native American/American Indian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Decline to Report <input type="checkbox"/> Not listed above:	<input type="checkbox"/> African/African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Alaska Native/Native American/American Indian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Decline to Report <input type="checkbox"/> Not listed above:
What is the highest level of education you completed?	<input type="checkbox"/> 6 th grade or less <input type="checkbox"/> 7 th to 12 th grade, no diploma or GED <input type="checkbox"/> High school diploma <input type="checkbox"/> GED <input type="checkbox"/> Some college/advanced training <input type="checkbox"/> College/professional certificate <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's or doctorate degree <input type="checkbox"/> None	<input type="checkbox"/> 6 th grade or less <input type="checkbox"/> 7 th to 12 th grade, no diploma or GED <input type="checkbox"/> High school diploma <input type="checkbox"/> GED <input type="checkbox"/> Some college/advanced training <input type="checkbox"/> College/professional certificate <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's or doctorate degree <input type="checkbox"/> None
Are you currently employed?	<input type="checkbox"/> Yes – How many hours per week (including travel)? Employer name & phone #: <input type="checkbox"/> No <input type="checkbox"/> No, retired or disabled <input type="checkbox"/> Seasonal	<input type="checkbox"/> Yes – How many hours per week (including travel)? Employer name & phone #: <input type="checkbox"/> No <input type="checkbox"/> No, retired or disabled <input type="checkbox"/> Seasonal
Are you currently in job training or school?	<input type="checkbox"/> Yes – How many hours per week (including class time, study time, travel)? School name & major/goal: <input type="checkbox"/> No	<input type="checkbox"/> Yes – How many hours per week (including class time, study time, travel)? School name & major/goal: <input type="checkbox"/> No
Are you in an approved WorkFirst activity?	<input type="checkbox"/> Yes – Describe the activity and the number of approved hours per week: <input type="checkbox"/> No	<input type="checkbox"/> Yes – Describe the activity and the number of approved hours per week: <input type="checkbox"/> No
Are you or have been in the U.S. military?	<input type="checkbox"/> Yes, current service member <input type="checkbox"/> Yes, currently deployed or have been in the last 12 months/for a total of 19 months <input type="checkbox"/> Yes, veteran <input type="checkbox"/> No	<input type="checkbox"/> Yes, current service member <input type="checkbox"/> Yes, currently deployed or have been in the last 12 months/for a total of 19 months <input type="checkbox"/> Yes, veteran <input type="checkbox"/> No



Child's First Name:

Child's Last Name:

Family Concerns

Please check areas of concern that you have for yourself/family in your household.

- | | | |
|--|---|--|
| <input type="checkbox"/> Household member has a disability or has a chronic physical or mental health condition and is:
<input type="checkbox"/> Unable to engage in work/school/family life
<input type="checkbox"/> Somewhat able to engage in work/school/ family life
<input type="checkbox"/> Mostly able to engage in work/school/family life
<input type="checkbox"/> Child's parent/guardian has learning difficulties, no disability
<input type="checkbox"/> Household domestic violence (past or current), including <i>in utero</i>
<input type="checkbox"/> Household drug/alcohol issues or substance abuse (past or current), including <i>in utero</i> | <input type="checkbox"/> Family is socially isolated, with complete or near-complete lack of contact with others
<input type="checkbox"/> Child's parent/guardian has concern for getting or keeping a job
<input type="checkbox"/> Family has legal concerns
<input type="checkbox"/> Child has a family member who attended Indian Boarding School
<input type="checkbox"/> Child's parent/guardian is a migrant or seasonal worker with more than half of family income coming from agricultural work
<input type="checkbox"/> Parent and child moved to engage in traditional cultural practices or employment (seasonal or temporary in agriculture or fishing) | <input type="checkbox"/> Recent immigrant/refugee (past 5 years)
<input type="checkbox"/> Child's parent/guardian is/has been incarcerated
<input type="checkbox"/> Loss of a parent (death, abandonment, or deportation)
<input type="checkbox"/> Child's parents/guardians divorced or separated during child's life
<input type="checkbox"/> Family was previously homeless (in the last 12 months)
<input type="checkbox"/> Family has concerns with housing
<input type="checkbox"/> None |
|--|---|--|

Family Living Situation

Does this household receive subsidized housing such as a housing voucher or cash assistance for housing? ☐ Yes ☐ No

What is your family's current housing situation? **The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. Your answers may help us determine the services your child may be eligible to receive.**

- | | |
|---|---|
| <input type="checkbox"/> Own
<input type="checkbox"/> Rent | <input type="checkbox"/> Military – waiting for permanent housing
<input type="checkbox"/> In someone else's house or apartment with another family (select one option below):
➤ <input type="checkbox"/> By choice (e.g., to share responsibilities, to be close to family, etc.)
➤ <input type="checkbox"/> Due to loss of housing, economic hardship, or similar reason |
| <input type="checkbox"/> In a motel
<input type="checkbox"/> In a shelter
<input type="checkbox"/> A car, park, campsite, or similar location | <input type="checkbox"/> Transitional Housing
<input type="checkbox"/> Moving from place to place/couch surfing
<input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity) |
| <input type="checkbox"/> Other – Please describe: | |

Family Income and Family Size

Check all that apply if you, this child, or another person living in your home related to you by blood, marriage, or adoption receive these types of Public Assistance.

- ☐ SSI for disability received by: ☐ Child ☐ Parent/Guardian ☐ Other – Relationship to child:
☐ Temporary Assistance for Needy Families (TANF) cash ☐ Basic Food (SNAP/FAP) ☐ None

Check all that apply if your family receives the following:

- ☐ Child-only TANF ☐ WorkFirst ☐ Working Connections Child Care subsidy ☐ WIC ☐ None

Were you referred to this program by an agency? ☐ No ☐ Yes - Name:

How did you find out about this program?



Child's First Name:	Child's Last Name:
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Please list all people living in this child's primary household				
Name (First and Last)	Birthdate (month/day/year)	Relationship to child	Is this person financially supported by parent/guardian?	Is this person related to parent/guardian by blood, marriage, or adoption?
Applying Child:		Applying Child	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian:		Parent/Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian:		Parent/Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

I promise that the information on this form is true and correct. I have authority to enroll this child and will report all my income and family size, as required by the Early Learning Programs. If I knowingly provide false information, I understand my family may be unable to continue program services. Additionally, if my child is enrolled in ECEAP, I may have to repay the amount spent on my child.

I understand that information from this application is entered in various Early Learning databases operated by the Department of Children, Youth, and Families (DCYF) and Puget Sound Educational Service District (PSESD). DCYF and PSESD are committed to protecting confidential and personal information that could identify a child or family. No information related to immigration status is entered in these databases or shared with state or federal agencies. Information in these databases may be used for the following:

- Research studies to determine if participating in Early Learning helps children later in life.
- To prove Washington State spends some of their own dollars on programs for families, which is required to receive Temporary Assistance for Needy Families dollars from the federal government.

Parent/Guardian Signature _____ Date _____
 (ECEAP Staff: Enter this date in ELMS)

<p>*Staff Only – If not signed, complete below. Parent signature must be obtained as soon as possible, or no later than the enrollment visit.</p> <p>Reviewed and received verbal verification on (date): _____ Staff Initials: _____</p> <p>(ECEAP Staff: Enter this date in ELMS if not signed – you cannot update this once the ELMS application is locked)</p>	
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