

Enrollment Packet

Seattle Preschool & Pathway Program 2020 - 2021



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? 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 _____	

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"/> South Asian	<input type="checkbox"/> Other or More Specific Asian _____		
	<input type="checkbox"/> Filipino	<input type="checkbox"/> Southeast Asian			
American Indian, Alaska Native	<input type="checkbox"/> American Indian	<input type="checkbox"/> Central or South American Indian	<input type="checkbox"/> Other or More Specific American Indian/Alaska Native _____		
	<input type="checkbox"/> Alaskan Native				
Black, African, African American	<input type="checkbox"/> African American	<input type="checkbox"/> East African	<input type="checkbox"/> West African		
	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Latin American	<input type="checkbox"/> Other or More Specific Black _____		
	<input type="checkbox"/> Central African	<input type="checkbox"/> South African			
Hispanic, Latino	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Mexican/Chicano	<input type="checkbox"/> Other or More Specific Hispanic/Latino _____		
	<input type="checkbox"/> Central American	<input type="checkbox"/> South American			
		<input type="checkbox"/> Spaniard			
Middle Eastern or North African	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Other or More Specific Middle Eastern/North African _____			
	<input type="checkbox"/> North African				
Native Hawaiian, Other Pacific Islander	<input type="checkbox"/> Micronesian	<input type="checkbox"/> Polynesian (including Native Hawaiian)	<input type="checkbox"/> Other or More Specific Native Hawaiian/Pacific Islander _____		
	<input type="checkbox"/> Melanesian				
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"/> South Asian	<input type="checkbox"/> Other or More Specific Asian _____		
	<input type="checkbox"/> Filipino	<input type="checkbox"/> Southeast Asian			
American Indian, Alaska Native	<input type="checkbox"/> American Indian	<input type="checkbox"/> Central or South American Indian	<input type="checkbox"/> Other or More Specific American Indian/Alaska Native _____		
	<input type="checkbox"/> Alaskan Native				
Black, African, African American	<input type="checkbox"/> African American	<input type="checkbox"/> East African	<input type="checkbox"/> West African		
	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Latin American	<input type="checkbox"/> Other or More Specific Black _____		
	<input type="checkbox"/> Central African	<input type="checkbox"/> South African			
Hispanic, Latino	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Mexican/Chicano	<input type="checkbox"/> Other or More Specific Hispanic/Latino _____		
	<input type="checkbox"/> Central American	<input type="checkbox"/> South American			
		<input type="checkbox"/> Spaniard			
Middle Eastern or North African	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Other or More Specific Middle Eastern/North African _____			
	<input type="checkbox"/> North African				
Native Hawaiian, Other Pacific Islander	<input type="checkbox"/> Micronesian	<input type="checkbox"/> Polynesian (including Native Hawaiian)	<input type="checkbox"/> Other or More Specific Native Hawaiian/Pacific Islander _____		
	<input type="checkbox"/> Melanesian				
White	<input type="checkbox"/> White	<input type="checkbox"/> Other or More Specific White _____			

HOUSEHOLD INFORMATION

<p>Home Address (if experiencing homelessness, your nighttime address) Street:</p> <p>City: _____ Zip Code: _____</p> <p>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></p> <p>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></p>	<p>Mailing Address (if different) Street:</p> <p>City: _____ Zip Code: _____</p> <p>Do you own or rent your home? <input type="checkbox"/> Y <input type="checkbox"/> N If you do not own/rent your own home, please check all that apply. <u>The child applicant and I currently reside</u></p> <p><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:</p>
<p>The information you submit to DEEL is confidential and we will not contact/report to your landlord or property manager.</p>	

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.

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.

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

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

Names of ALL people currently residing at this address	Birth Date	Relationship to Child	Type of income (Wages, unemployment, child support, SSI, etc.)	Annual pre-tax income	This person is supported by guardians' income	Check if NO income
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> No income
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> No income
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> No income
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> No income
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> No income
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> No income
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> No income
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> No income
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> No income
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> No income

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 fully participate in the program, participants must agree to the following:

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 Public Health- Seattle & King County (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 Washington State Department of Children, Youth and Families’ (“the State”).

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 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, 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. The District may share your child’s Individualized Education Program (IEP) with DEEL, the preschool provider and PHSKC. In order to provide that protected information, the District will require additional parent/guardian consent.

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://seattle.gov/tech/initiatives/privacy) [http://seattle.gov/tech/initiatives/privacy]. For more information on public disclosure requirements and exemptions, please see the Public Records Act, [RCW Chapter 52.56](#).

OPTIONAL CONSENTS

Program evaluation (Optional): 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: _____

Sharing intake documents (Optional): 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.

Initial: _____

Photo/Video (Optional): I grant permission for my child to be photographed or videotaped for educational purposes and for digital, print, and video promotions related to the City’s preschool programs.

Initial: _____

Communication with DEEL (Optional): 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. You may opt out anytime by contacting preschool@seattle.gov.

- Participation in interview or funding panels for DEEL or other City departments
- Email updates from the Department of Education and Early Learning
- Media interviews, quotes or input

Childcare Assistance Program (Optional): 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(s) to be working or enrolled in school and (2) families must meet income requirements based on family size.

I’m interested and all adults in my home are students or employed- Contact me!

REQUIRED PARENT SIGNATURE

By signing below, I **1)** consent to my child participating in DEEL’s Preschool Program, and **2)** confirm I have read the Privacy Statement. 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
8/31/2020

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.

<input type="checkbox"/> CHILD'S AGE All programs have an age requirement. Submit ONE document from this list.		<ul style="list-style-type: none"> • Birth Certificate • Passport • Government-issued ID 	<ul style="list-style-type: none"> • Medical Records • Immigration documentation with birthdate
<input type="checkbox"/> ADDRESS Documentation must be no more than 3 months old, include the name of the applicant, and cannot be envelopes or personal correspondence.			
Submit ONE from this list	OR	Submit TWO from this list from different sources. (ex. lease and paystub)	
<ul style="list-style-type: none"> • Utility Bill <ul style="list-style-type: none"> ○ Gas ○ Water/Garbage ○ Light/Electrical ○ Cable ○ Landline phone • Home/Renters Insurance • Mortgage Document 		<ul style="list-style-type: none"> • Insurance document (Health, car, etc.) • Benefits document from the agency (DSHS, SSI, paystub, etc.) • Financial document (Bank statement, Retirement, credit card statement, etc.) • Other bills • Driver's License (non-expired; can only submit one per household) • Lease or housing agency letter (current) 	
All DEEL programs are for people who live in the City of Seattle only. For families who are experiencing homelessness, in transition, or otherwise unable to offer documentation above, please contact DEEL to request a housing affidavit form.			
<input type="checkbox"/> INCOME Submit documentation for all income your household receives.			
If you have income from...			
EMPLOYMENT (Submit one of these options)			
<ul style="list-style-type: none"> • Pay Stubs- <u>Previous 3 full months</u> • Employer letter (only when starting new job)- must be on letterhead, includes start date, hours worked, wage and dated from the last 90 days • Self-employed- Request the Self-Employment form from DEEL 			
STUDENT (Submit anything applicable)			
<ul style="list-style-type: none"> • Financial aid- Award letter • Work study- Award letter or supervisor letter including hours/wage 			
OTHER INCOME (Submit anything applicable)			
<ul style="list-style-type: none"> • TANF or other cash benefits- current award letter • Rental income- <i>Schedule E</i> tax document from most recent tax year • Other income- 3 months of statements 			
If you have...			
CHILD SUPPORT (Submit either of these options)			
<ul style="list-style-type: none"> • 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.

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.