



## Preschool Application

**All applications are not complete until all supporting documents are provided.**

- \_\_\_\_\_ Application Complete
- \_\_\_\_\_ Copy of the Child's Birth Certificate
- \_\_\_\_\_ Copy of the Child's Tribal ID Card (if applicable)
- \_\_\_\_\_ Copy of the Child's Most Recent Dental Exam
- \_\_\_\_\_ Copy of the Child's Most Recent Well Child Summary
- \_\_\_\_\_ Child's Immunization Record
- \_\_\_\_\_ Income Verification for Everyone in the Household (including Per Capita)

**Please provide a copy of any applicable items below:**

- \_\_\_\_\_ Annual Per Capita Statement
- \_\_\_\_\_ Copy of W2
- \_\_\_\_\_ Federal Income Tax Form
- \_\_\_\_\_ Pay Stub
- \_\_\_\_\_ TANF
- \_\_\_\_\_ Child Support
- \_\_\_\_\_ Financial Aid
- \_\_\_\_\_ Zero Income Statement

**Please tell us how you found out about the Betty J. Taylor Early Learning Academy:**

- \_\_\_\_\_ Website      \_\_\_\_\_ Community Event      \_\_\_\_\_ Social Media
- \_\_\_\_\_ Case Worker      \_\_\_\_\_ Word of Mouth      \_\_\_\_\_ Employee of the BJTELA
- \_\_\_\_\_ Flyer      \_\_\_\_\_ Community Agent
- Other: \_\_\_\_\_





**1. Child Information**

School year applying for: \_\_\_\_\_

Legal First Name \_\_\_\_\_

Prescreen date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Middle Name \_\_\_\_\_

Legal Last Name \_\_\_\_\_

Child's birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Nickname \_\_\_\_\_

Gender: Male Female

Is this child on an Individualized Education Program (IEP)?

Yes  No

If no, do you have any concerns about this child's development?  Yes  No

Is this child in licensed foster care?

Yes  No

Is this child's family currently receiving Child Protective Services (CPS) or similar Indian Child Welfare (ICW) services?

Yes  No

Is this child's family currently receiving Family Assessment Response (FAR) services?

Yes  No

Is this child homeless (does not have a fixed, regular, and adequate nighttime residence)?

Yes  No

If yes, does this homeless child live with a parent or legal guardian?  Yes  No

If child is not with a guardian, describe situation \_\_\_\_\_

Is this child living with a guardian, who is not a parent or licensed foster parent, who receives a TANF grant on behalf of the child?

Yes  No

Child's first language \_\_\_\_\_ Child's second language \_\_\_\_\_

**Is this child Hispanic/Latino?**  Yes  No

If yes, check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Argentinian                           | <input type="checkbox"/> Nicaraguan                          |
| <input type="checkbox"/> Bolivian                              | <input type="checkbox"/> Panamanian                          |
| <input type="checkbox"/> Chilean                               | <input type="checkbox"/> Peruvian                            |
| <input type="checkbox"/> Colombian                             | <input type="checkbox"/> Puerto Rican                        |
| <input type="checkbox"/> Costa Rican                           | <input type="checkbox"/> Salvadoran                          |
| <input type="checkbox"/> Cuban                                 | <input type="checkbox"/> Spanish                             |
| <input type="checkbox"/> Dominican                             | <input type="checkbox"/> Uruguayan                           |
| <input type="checkbox"/> Ecuatorian (Ecuadorian)               | <input type="checkbox"/> Venezuelan                          |
| <input type="checkbox"/> Guatemalan                            | <input type="checkbox"/> Latin American                      |
| <input type="checkbox"/> Honduran                              | <input type="checkbox"/> Other Hispanic or Latino (describe) |
| <input type="checkbox"/> Mexican or Mexican-American (Chicano) | _____  |





**What race(s) do you consider your child? (Check all that apply)**

**White**

**Black or African American**

**Alaska Native**

- Aleut (Unangan)
- Alutiiq
- Athabaskan
- Eskimo (Inupiaq or Yupik)
- Eyak
- Haida
- Tlingit
- Tsimshian
- Other Alaska Native \_\_\_\_\_

**American Indian**

- Chehalis
- Chinook
- Colville
- Cowlitz
- Duwamish
- Hoh
- Jamestown
- Kalispel
- Kikiallus
- Lower Elwha
- Lummi
- Makah
- Muckleshoot
- Nisqually
- Nooksack
- Port Gamble Klallam
- Puyallup
- Quileute
- Quinault
- Samish
- Sauk-Suiattle
- Shoalwater
- Skokomish
- Snohomish
- Snoqualmie
- Snoqualmoo
- Spokane
- Squaxin Island
- Steilacoom
- Stillaguamish
- Suquamish
- Swinomish
- Tulalip
- Upper Skagit
- Yakama
- Other American Indian: \_\_\_\_\_

**Asian**

- Asian Indian
- Bangladeshi
- Bhutanese
- Burmese
- Cambodian (Kampuchean)
- Chinese
- Filipino
- Hmong
- Indonesian
- Japanese
- Korean
- Laotian
- Madagascar
- Malayan
- Maldivian
- Mongolian
- Nepali
- Pakistani
- Singaporean
- Sri Lankan
- Taiwanese
- Thai
- Vietnamese

**Native Hawaiian or Other Pacific Islander**

- Fijian
- Guamanian
- Kosraean
- Mariana Islander
- Marshall Islander
- Melanesian
- Micronesian
- Native Hawaiian
- Palauan
- Papua New Guinean
- Ponapean (Pohnpeian)
- Samoan
- Solomon Islander
- Tahitian
- Tarawa Islander
- Tokelauan
- Tongan
- Trukese (Chuukese)
- Vanuatuan (New Hebrides Islander)
- Yapese





## 2. Parent/Guardian Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender: Male Female

Relationship to Child:

Parent (biological or adoptive)  Step Parent  Foster Parent  Grandparent

Other Relative  Other Legal Guardian  Other (specify) \_\_\_\_\_

Parent's Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physical Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

School District \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Do you need an interpreter to communicate with English speakers?  Yes  No

If yes, what language(s) do you speak? \_\_\_\_\_

### Additional Parents/Guardians: (if address is different, please add)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## 3. Child lives with:

One parent/guardian (Name) \_\_\_\_\_

Two parents/guardians in same household (Names) \_\_\_\_\_

Two parents/guardians in two households –  
*If this is checked, complete these questions to determine which parents' income is counted for ECEAP eligibility.*

Does one household have primary legal custody?  Yes  No

If **yes**, which parent has primary custody? \_\_\_\_\_

Spouse of parent with primary custody, if any: \_\_\_\_\_ **Skip to section 4.**

If **no**, does one parent receive child support payments from the other household?  Yes  No

If **yes**, which parent receives the child support payments? \_\_\_\_\_

Spouse of parent with primary custody, if any: \_\_\_\_\_ **Skip to section 4.**

If **no**, name the legal parent/guardian that shares custody for each household. Do not include their spouses. For this family situation only, see \* in question 4 below.

(Household 1) \_\_\_\_\_ (Household 2) \_\_\_\_\_





**4. Estimated Family Size** – This is used to determine family’s federal poverty level, and may be different than the number of people in the house.

- (a) In addition to the ECEAP child and the parent(s) named in question 3, how many other children and adults live with this child? \_\_\_\_\_ (Enter second household here, if any \_\_\_\_\_)
- (b) Of the number just entered, how many people are supported by the income received by the parents named in question 3? If there is \$0 income for the household, enter the number from box 4a. \_\_\_\_\_ (Enter second household here, if any \_\_\_\_\_)
- (c) Of the number just entered, how many people are related to the parent(s) named in question 3 by blood, marriage, or adoption? \_\_\_\_\_ (Enter second household here, if any \_\_\_\_\_)

The “family size” for federal poverty level purposes is this number, plus the ECEAP child, plus parents named in #3.

**5-8. Parent Activities**

Answer the following questions for each parent/guardian named in question #3	Parent/Guardian #1 Name _____	Parent/Guardian #2 Name _____
<b>5. Is this parent/guardian employed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, enter number of hours per week in paid work plus work-related travel.		
b. If yes, enter employer name and phone or email.		
<b>6. Is this parent/guardian enrolled and attending school or job training?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, enter the total number of hours per week when school is in session. Include class time, up to 10 hours of study time, and travel time.		
b. If yes, enter name of school or training organization.		
c. If yes, enter goal or major.		
<b>7. Is this parent/guardian in an approved WorkFirst activity other than employment, education or job training mentioned above?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, describe activity.		
b. If yes, enter number of hours per week in approved activity and related travel.		
<b>8. Is family approved for child care through Child Protective Services (CPS), including Family Assessment Response (FAR)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, enter number of approved hours per week.		

**9. Estimated Family Income \$ \_\_\_\_\_**

What is the estimated total annual income received by this child’s parent(s) or guardian(s) named in question 3 above?

