



BJTELA 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 Well Child Summary
- _____ Child’s Immunization Record
- _____ Copy of Child’s Insurance Card
- _____ Income Verification for Everyone in the Household
(Copy of W-2, Federal Income Tax Form, Pay Stub, TANF, Child Support, Financial Aid, Zero Income Statement, etc.)

Check all that apply below:

- _____ Family Experiencing Homelessness – **submit 3rd party verification**
- _____ Child is currently experiencing Foster Care or Relative Placement – **submit legal/court docs**
- _____ Family Income is at or below 100% of the Federal Poverty Guidelines
- _____ Family receives public assistance from SNAP, TANF, or SSI – **submit verification with name on it**

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

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





The Betty J. Taylor Early Learning Academy provides a no cost child development service from 8:30am – 3:30pm Monday – Thursday for children 6 weeks – 5 years old, as well as families who are expecting. Please fill in the form completely and accurately.

The information you provide will help us determine your child’s eligibility and will help us prioritize you application.

All shared information will be kept confidential.

*Eligibility for the Center-Based openings is dependent upon VACANCIES and SCORES.

Applicant Information

Applicant’s Name: _____
First Middle Last

D.O.B.: _____ Applicant’s Age: _____ Gender: _____ Nickname: _____

Are you or your child Hispanic/Latino?

Yes No

Applicant’s Race:

American Indian or Alaskan Native Tribal Affiliation: _____
 Asian African American Caucasian Multi-racial/Biracial
 Native Hawaiian/Other Pacific Islander Unspecified Other: _____

English Proficiency: Proficient Moderate Little None

Other Language: _____ Proficiency: Proficient Moderate Little None

Please select the type of family that best describes the Parental Status:

Two Parents One Parent Teen Parent(s) Grandparent(s) Foster Parent Relative Placement
 Other: _____





Medical Information

Please indicate any diagnosed medical, biological or other diagnosed disabilities for which you or your child is receiving services. Please provide a copy of your child’s Individual Family Service Plan (IFSP), Individual Education Plan (IEP) or other proof of disability.

- | | | |
|--|--|---|
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Development and Speech Concerns | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Premature Birth |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Emotional/Behavioral Disorder | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Communication Disorder | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Complications During Delivery | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Medical Diagnoses | <input type="checkbox"/> Other: _____ |

Current Family Status

- | | | |
|--|---|---|
| <input type="checkbox"/> Child Abuse or Neglect | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Incarceration of Parent/Guardian |
| <input type="checkbox"/> Child Protective Services (CPS) | <input type="checkbox"/> Drug or Alcohol Abuse | <input type="checkbox"/> Migrant Worker |
| <input type="checkbox"/> Death in the Family | <input type="checkbox"/> Family Assessment Response | <input type="checkbox"/> Military Development |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Homelessness | <input type="checkbox"/> Other: _____ |

Primary Health Coverage:

<input type="checkbox"/> Children’s Health Insurance Program
<input type="checkbox"/> Combines Medicaid/CHIP
<input type="checkbox"/> Medicaid
<input type="checkbox"/> No Insurance
<input type="checkbox"/> Other:
<input type="checkbox"/> Private Health Insurance
<input type="checkbox"/> State-Only Funded Insurance

Primary Dental Coverage:

<input type="checkbox"/> Children’s Health Insurance Program
<input type="checkbox"/> Combines Medicaid/CHIP
<input type="checkbox"/> Medicaid
<input type="checkbox"/> No Insurance
<input type="checkbox"/> Other:
<input type="checkbox"/> Private Health Insurance
<input type="checkbox"/> State-Only Funded Insurance

Household Information

Housing Assistance

Does this household receive subsidized housing, such as a housing voucher or cash assistance? Yes No
 Does this household currently receive a working connections childcare subsidy for this child? Yes No

Address:

Street Address	City	State	Zip
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Mailing Address:

Street Address	City	State	Zip
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MCKINNEY-VENTO DEFINITION OF HOMELESS 42 U.S.C. § 11434a(2)

The term “homeless children and youth”—

A. means individuals who lack a fixed, regular, and adequate nighttime residence...; and

B. includes —

i. children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals;

ii. children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings...;

iii. children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

iv. migratory children...who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

In a motel	A car, park, campsite, or similar location
In a shelter (Tulalip Homeless Shelter or local facility)	Transitional Housing (Housing Hope, CCS, Village of Hope)
Moving from place to place/couch surfing	Other:
In someone else’s house or apartment with another family <u>due to loss of housing/economic hardship</u>	
In a residence with inadequate facilities (no water, heat, electricity, etc.)	

Student is unaccompanied (not living with a parent or legal guardian)
Student is living with a parent or legal guardian

Name (First and Last):	Relationship to Applying Child:	D.O.B.	Gender	Race:
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				





Parent/Guardian Information

Parent/Guardian 1	Parent/Guardian 2
Name: _____	Name: _____
Date of Birth: _____ Gender: _____	Date of Birth: _____ Gender: _____
Relationship to Child: _____	Relationship to Child: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
<u>Are you Hispanic/Latino?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Are you Hispanic/Latino?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Race:</u> <input type="checkbox"/> American Indian or Alaskan Native Tribal Affiliation: _____ <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi-racial/Biracial <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Unspecified <input type="checkbox"/> Other: _____	<u>Race:</u> <input type="checkbox"/> American Indian or Alaskan Native Tribal Affiliation: _____ <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi-racial/Biracial <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Unspecified <input type="checkbox"/> Other: _____
<u>English Proficiency:</u> <input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> None	<u>English Proficiency:</u> <input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> None
<u>Other Language:</u> _____ Proficiency: <input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> None	<u>Other Language:</u> _____ Proficiency: <input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> None
<u>Are you Currently Working?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Working Full Time <input type="checkbox"/> Disabled <input type="checkbox"/> Working Part <input type="checkbox"/> Unemployed <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Retired	<u>Are you Currently Working?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Working Full Time <input type="checkbox"/> Disabled <input type="checkbox"/> Working Part <input type="checkbox"/> Unemployed <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Retired
<u>Are you Currently in School?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which School are you attending/planning to attend? _____	<u>Are you Currently in School?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which School are you attending/planning to attend? _____
<u>Education Level:</u> <input type="checkbox"/> Grade 6 or less <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Grade 7-12, no diploma <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> HS Graduate / GED <input type="checkbox"/> Master's Degree	<u>Education Level:</u> <input type="checkbox"/> Grade 6 or less <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Grade 7-12, no diploma <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> HS Graduate / GED <input type="checkbox"/> Master's Degree
<u>Active Military?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Active Military?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Military Veteran?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Military Veteran?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No





Were you referred by a Child Welfare Agency? Yes No

Receiving SNAP? Yes No

WIC? Yes No **WIC ID:** _____

Does your child have any **allergies** or **ongoing medical concerns**? If yes, please explain:

Will you be needing extended care services? Yes No

Extended care is 7:30 – 8:00am and 3:45 – 5:00pm Monday through Thursday and 7:30am – 5:00pm Fridays.

Affirmation Statement

Under penalty of perjury, I affirm that I am the parent/legal guardian of the child applying for the Betty J. Taylor Early Learning Academy and to the best of my knowledge, all of the information that I have provided is complete and correct. I understand that if I deliberately misrepresent my family circumstances, my family may not be eligible for further status.

Parent or Guardian Name & Signature Date: _____

Staff Signature: _____ Date Received: _____

