Welcome! Please complete one application packet per child and attach the required documents. Eligibility to our programs is determined by child’s age and family income, not by the date you applied. Our programs fill up fast, so please apply as soon as you can!

The information on your application is confidential and used only to determine your child’s eligibility for our Early Learning Programs. We do not require, check, or report on immigration or DSHS status.

**REQUIRED DOCUMENTS**

Please contact us if you need help to complete the application or if you do not have all of the required documents listed below.

1. **Application**: Fill out the application form using a black or blue pen.
2. **Proof of Income**: Attach a copy of your proof of family income. Use all that apply:
   - Last year’s Income Tax Return
   - Last year’s W-2 Form
   - Pay stubs from the last 12 months
   - SSI/TANF benefits letters from the last 12 months
   - Foster care grant
   - Child support
   - Employer letter stating your total gross income from the last 12 months
3. **Proof of Family Size**: Attach a copy of proof of family size. Use one of these:
   - Last year’s Income Tax Return
   - Rental or housing document
   - Benefits letter (TANF, SSI, etc.)
   - School records
   - Court or legal document
4. **Proof of Child’s Age**: Attach a copy of your child’s proof of birth date. Use one of these:
   - Birth Certificate
   - Passport/Visa
   - Adoption Papers
   - Foster Care Authorization Letter
   - Current Immunization Record
   - DOC residential parenting roster
5. **Proof of Legal Guardianship**: Attach a copy of your proof of legal guardianship. Use one of these:
   - Birth Certificate
   - Passport/Visa
   - Adoption Papers
   - Foster Care Record
   - Written agreement signed and dated by parent and person assuming custodial responsibility

- Please make sure that your proof of income is included. We cannot process your application without this information.
- Call our office if you receive other types of documents, not listed above.
- It would be helpful to also include the following:
  1. A copy of your child’s current immunization record
  2. Current IFSP/IEP, if applicable
  3. Most recent well-child exam
  4. Most recent dental exam

Return your completed application and documents to:

(Choose one)

**Address:**
- Kent Family Center: 13111 SE 274th St. Kent, WA 98030
- KVELC: 317 4th Ave S. Kent, WA 98032
- Daniel ECEAP: 11310 SE 248th St. Kent, WA 98030
- Panther Lake ECEAP: 10630 SE 204th St. Kent, WA 98031
- Kent Valley ECEAP: 336 2nd Ave S. Kent, WA 98032
- Kent Youth Head Start: 318 3rd Ave S. Kent, WA 98032
- Jenkins Creek: 26916 186th Ave SE Covington, WA 98042

**Phone Number:** 253-630-9590
KYFS Head Start & ECEAP Program Models

Kent Youth & Family Service’s Early Learning consists of two Program Models:

- **Full-Day** is 6.5 hours long, Monday - Thursday & some Fridays and requires self-transport.
- **Part-Day** is 3 to 3.5 hours long, Monday - Thursday and has some bus transportation available, depending upon the site and class time.

---

**Which Program Model is your first preference?**

Due to limited Full-Day openings, we cannot offer first preference to every family. If your child is not selected for a Full-Day slot, you may be offered a Part-Day opening and he/she can remain on the Full-Day waitlist.

Mark preference:  ____ Full-Day   ____ Part-Day

___ Please keep my child on the Full-Day waitlist until an opening occurs.

Attends Day Care?  Yes ___ No ___    Bussing needed?  Yes___   No___

Daycare Name:__________________________

Daycare Address: ________________________

________________________

Please initial:

____ I give permission for the staff to pull my child’s State Immunization Record

---

After turning in your application - Please let us know if your contact information, class preference, or transportation needs change by calling our main office at: (253) 630-9590.

**Summer Office Hours starting June 18th:**  Tuesdays and Wednesdays 9am – 4pm.
Kent Family Center 13111 SE 274th St, Kent WA  98030.

---

Staff Only

<table>
<thead>
<tr>
<th>Mapped</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Spreadsheet</td>
<td></td>
</tr>
<tr>
<td>ELMS</td>
<td></td>
</tr>
<tr>
<td>Letter sent</td>
<td></td>
</tr>
<tr>
<td>Double Checked</td>
<td></td>
</tr>
</tbody>
</table>
### Child Information – General

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Middle Initial:</th>
<th>Last Name:</th>
<th>Date of Birth (month/day/year):</th>
<th>Gender: □ M □ F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What is your child’s home language? □ 2nd language:

- African/African American/Black
- Asian
- Alaska Native/Native American/American Indian
- Native Hawaiian or Pacific Islander
- White
- Not listed above: ________________________________

What is your child’s race? Check all that apply:

- ☐ African/African American/Black
- ☐ Asian
- ☐ Alaska Native/Native American/American Indian
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Not listed above: ________________________________

What is your family’s heritage/tribe/country of origin?

Has your child previously attended these programs? Only check the most recent:

- □ None
- □ Any Birth-to-Three Home Visiting Program
- □ Early Support for Infants and Toddlers (ESIT)

When did you last attend? __________________________ Name and location of program: ______________________________

Is this child currently enrolled in a community slot at this center? □ Yes □ No

Is this child’s sibling currently enrolled in a community slot at this center? □ Yes □ No

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

Is your child in official foster care or kinship care with a grant amount?

- □ Yes - Case # or Client ID # __________________________ □ No

Monthly grant/payment amount and source __________________________ □ DSHS □ SSI □ Tribe □ Other

# of children covered by grant amount ______________

Is your child in kinship care without a grant amount? □ Yes □ No

Was your child adopted after foster care or kinship care? □ Yes □ No

Has your child ever been asked to leave a childcare center or preschool because of behavior issues? □ Yes □ No

Does your family currently receive services through the following?

- ☐ Child Protective Services (CPS)
- ☐ Family Assessment Response (FAR)
- ☐ Indian Child Welfare (ICW)
- ☐ None

Has your family received services from CPS or ICW in the past? □ Yes □ No

Is your family currently approved for child care through CPS or FAR? □ Yes – How many approved hours per week? ______________ □ No

### Child Health and Development Information

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 ____________________________________________ □ No

Name of medical professional ____________________________________________

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 □ Military Medical Coverage □ ABCD

Does this child have a regular dentist or dental clinic?

- □ Yes - □ Yes - Name of clinic/provider ____________________________________________ □ No

Name of dental professional ____________________________________________
Child Health and Development Information continued

Did this child have a dental exam within the last 6 months?  
☐ Yes – Date of last exam (month/day/year): ___________________  
☐ No  
☐ Date Unknown

Has your child been diagnosed by a Health Care Provider with one or more serious/chronic health conditions, such as asthma, diabetes, seizures, heart condition, or life-threatening allergies?  
☐ Yes – Please describe: ___________________________________  
☐ No

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

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

☐ Low birth weight (less than 5.5 lbs/5 lbs 8 oz.)  
☐ Drug/alcohol affected  
☐ Hearing  
☐ Fine motor/gross motor  
☐ Vision  
☐ Mental health – Describe: ___________________________________

☐ Tooth pain/decay/bleeding gums  
☐ Food intolerance/special diet – Describe: ______________________

Does your child have a current Individual Education Plan (IEP) or Individual Family Service Plan (IFSP)?  
☐ Yes  
☐ No

If yes, check all the categories of the IEP/IFSP and include a copy with your application: 
☐ Autism  
☐ Intellectual disability  
☐ Specific learning disability  
☐ Deaf-blindness  
☐ Multiple disabilities  
☐ Speech/language impairment  
☐ Developmental delay  
☐ Orthopedic impairment  
☐ Traumatic brain injury  
☐ Emotional disturbance  
☐ Other health impairment  
☐ Visual impairment  
☐ Hearing impairment  

IEP start date: ______________  
IEP end date: ______________  
What school district issued the IEP? ________________________

Is Special Ed Preschool or Birth-to-Three Program available/easily accessible to you?  
☐ Yes  
☐ No  
☐ I don’t know

If no, do you suspect that your child has a developmental delay or disability?  
☐ Yes –  
☐ Speech/language  
☐ No

☐ Behavior – Describe: ________________________________________

☐ Other – Describe: ___________________________________________

Family Information

<table>
<thead>
<tr>
<th></th>
<th>Parent/Guardian 1</th>
<th>Parent/Guardian 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship to child</td>
<td>☐ Biological/Adopted/Stepparent</td>
<td>☐ Biological/Adopted/Stepparent</td>
</tr>
<tr>
<td></td>
<td>☐ Foster Parent</td>
<td>☐ Foster Parent</td>
</tr>
<tr>
<td></td>
<td>☐ Aunt/Uncle</td>
<td>☐ Aunt/Uncle</td>
</tr>
<tr>
<td></td>
<td>☐ Grandparent</td>
<td>☐ Grandparent</td>
</tr>
<tr>
<td></td>
<td>☐ Other _________</td>
<td>☐ Other _________</td>
</tr>
<tr>
<td>Gender</td>
<td>☐ M ☐ F ☐ Not specified</td>
<td>☐ M ☐ F ☐ Not specified</td>
</tr>
<tr>
<td>Date of Birth (month/day/year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td>________________</td>
<td>☐ Home ☐ Cell ☐ Work</td>
</tr>
<tr>
<td></td>
<td>________________</td>
<td>☐ Home ☐ Cell ☐ Work</td>
</tr>
<tr>
<td>Alternate Phone</td>
<td>________________</td>
<td>☐ Home ☐ Cell ☐ Work</td>
</tr>
<tr>
<td>Email</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were you under age 18 when this child was born?</td>
<td>☐ Yes ☐ No ☐ N/A</td>
<td>☐ Yes ☐ No ☐ N/A</td>
</tr>
<tr>
<td>Do you need an interpreter?</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>If yes, what language(s) do you speak?</td>
<td></td>
<td>If yes, what language(s) do you speak?</td>
</tr>
</tbody>
</table>
### Early Learning Application 2019-2020

**Family Information continued**

<table>
<thead>
<tr>
<th>Parent/Guardian 1</th>
<th>Parent/Guardian 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is the highest level of education you completed?</strong></td>
<td><strong>What is the highest level of education you completed?</strong></td>
</tr>
<tr>
<td>☐ 6th grade or less</td>
<td>☐ 6th grade or less</td>
</tr>
<tr>
<td>☐ 7th to 12th grade, no diploma or GED</td>
<td>☐ 7th to 12th grade, no diploma or GED</td>
</tr>
<tr>
<td>☐ High school diploma</td>
<td>☐ High school diploma</td>
</tr>
<tr>
<td>☐ GED</td>
<td>☐ GED</td>
</tr>
<tr>
<td>☐ Some college/advanced training</td>
<td>☐ Some college/advanced training</td>
</tr>
<tr>
<td>☐ College/professional certificate</td>
<td>☐ College/professional certificate</td>
</tr>
<tr>
<td>☐ Associate degree</td>
<td>☐ Associate degree</td>
</tr>
<tr>
<td>☐ Bachelor’s degree</td>
<td>☐ Bachelor’s degree</td>
</tr>
<tr>
<td>☐ Master’s or doctorate degree</td>
<td>☐ Master’s or doctorate degree</td>
</tr>
<tr>
<td>☐ None</td>
<td>☐ None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Are you currently employed?</strong></th>
<th><strong>Are you currently employed?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes – How many hours per week (including travel)?</td>
<td>☐ Yes – How many hours per week (including travel)?</td>
</tr>
<tr>
<td>______________________________</td>
<td>______________________________</td>
</tr>
<tr>
<td>Employer name &amp; phone # __________</td>
<td>Employer name &amp; phone # __________</td>
</tr>
<tr>
<td>__________________________________</td>
<td>__________________________________</td>
</tr>
<tr>
<td>☐ No</td>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Retired/Disabled</td>
<td>☐ Retired/Disabled</td>
</tr>
<tr>
<td>☐ Seasonal</td>
<td>☐ Seasonal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Are you currently in job training or school?</strong></th>
<th><strong>Are you currently in job training or school?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes – How many hours per week (including class time, study time, travel)?</td>
<td>☐ Yes – How many hours per week (including class time, study time, travel)?</td>
</tr>
<tr>
<td>______________________________</td>
<td>______________________________</td>
</tr>
<tr>
<td>School name &amp; major/goal __________</td>
<td>School name &amp; major/goal __________</td>
</tr>
<tr>
<td>__________________________________</td>
<td>__________________________________</td>
</tr>
<tr>
<td>☐ No</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Are you in an approved WorkFirst activity?</strong></th>
<th><strong>Are you in an approved WorkFirst activity?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes – Describe the activity and the number of approved hours per week:</td>
<td>☐ Yes – Describe the activity and the number of approved hours per week:</td>
</tr>
<tr>
<td>______________________________</td>
<td>______________________________</td>
</tr>
<tr>
<td>__________________________________</td>
<td>__________________________________</td>
</tr>
<tr>
<td>☐ No</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Are you on active U.S. military duty?</strong></th>
<th><strong>Are you on active U.S. military duty?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Are you a member of a National Guard or Military Reserve unit?</strong></th>
<th><strong>Are you a member of a National Guard or Military Reserve unit?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Are you a U.S. military veteran?</strong></th>
<th><strong>Are you a U.S. military veteran?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

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

☐ Previously homeless (in the last 12 months) ☐ Household mental illness/counseling, including maternal depression ☐ Household drug/alcohol issues or substance abuse
☐ Child’s parent/guardian is disabled ☐ Child’s parent/guardian is a migrant worker ☐ Family is socially isolated, with complete or near-complete lack of contact with others
☐ Child’s parent/guardian is currently/recently deployed to a combat zone ☐ Household domestic violence (past or current) ☐ Recent immigrant/refugee (past 5 years)
☐ Child’s parent/guardian is incarcerated ☐ Child’s parent/guardian has health concerns ☐ Legal concerns
☐ Other household members have no medical/dental insurance ☐ Child’s parent/guardian has learning difficulties ☐ Recently deceased family member
☐ Other household members have no medical/dental home ☐ Concerns with housing ☐ Getting or keeping a job

---

**Head Start**  
**WASHINGTON STATE Department of Children, Youth, and Families**

Revised 03/01/2019  
Page 4 of 6

08.001.95  
Language: English
Family Information continued

Child lives with:
☐ One parent/guardian  ☐ Two parents/guardians in the same household
☐ Two parents/guardians in two households – Does one household have primary legal custody?
  ☐ Yes - which parent has primary custody (write name)? ____________________________
  ☐ No - does one parent receive child support payments from the other household?
    ☐ Yes - which parent receives the child support payments (write name)? ____________________________
    ☐ No

What is the total number of family members living in your home, including yourself and your child? ______________

Please list the people living in your home below, not including yourself or your child.

<table>
<thead>
<tr>
<th>Name (First and Last)</th>
<th>Birthdate (month/day/year)</th>
<th>Relationship to child</th>
<th>Do you financially support this person?</th>
<th>Is this person related to you by blood, marriage, or adoption?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

Do you, your child, or another person living in your home who is related to you by blood, marriage, or adoption receive these types of Public Assistance? Check all that apply:
☐ Temporary Assistance for Needy Families (TANF) cash. Check if you also have the following: ☐ Child-only TANF ☐ WorkFirst
  ☐ Working Connections Child Care subsidy

What is your total estimated household income for the last calendar year or the last 12 months? __________________________________

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.
☐ Rent ☐ Own ☐ In a motel ☐ In a shelter ☐ A car, park, campsite, or similar location ☐ Transitional Housing
☐ Moving from place to place/couch surfing ☐ In a residence with inadequate facilities (no water, heat, electricity, etc.)
☐ In someone else’s house or apartment with another family: ☐ Other – Please describe: ____________________________
  • ☐ By choice (e.g. save money for future plans, be close to family)
  • ☐ Due to loss of housing, economic hardship, or similar reason

How did you hear about our program? Check all that apply:
☐ Website ☐ Community event ☐ Site staff ☐ Community agency/case worker (write name): ____________________________
☐ Media ☐ Word of mouth ☐ Past parent ☐ Other – Please specify: ____________________________

Parent/guardian, please sign on the next page.
I promise that the information on this form is true and correct. I have reported 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 the databases or shared with state or federal agencies. Information in the databases may be used for:

- 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)

<table>
<thead>
<tr>
<th>STAFF ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child's Age:</td>
</tr>
<tr>
<td>Site Name/ID:</td>
</tr>
<tr>
<td>Date staff reviewed application with family:</td>
</tr>
</tbody>
</table>

EHS ONLY - Is this child a newborn taking the mother’s slot? ☐ Yes ☐ No

If yes, mother’s name: ____________________________

FOR HOMELESS FAMILIES - Check the services that are needed or desired by the family and provide resources as soon as possible:

- ☐ Child care resources
- ☐ Immunization/medical records
- ☐ Medicaid/DSHS services – Food stamps/TANF
- ☐ Clothing resources
- ☐ Vision referral
- ☐ College/vocational/technical resources
- ☐ School supplies
- ☐ Hygiene products/toiletries
- ☐ School transportation (if site provides)
- ☐ Medical/dental referral
- ☐ Food resources
- ☐ Other: __________________________________________
- ☐ Housing/shelter referral
- ☐ Birth certificate
- ☐ Other: __________________________________________

Staff Name & Signature: ____________________________ Date: ____________________