

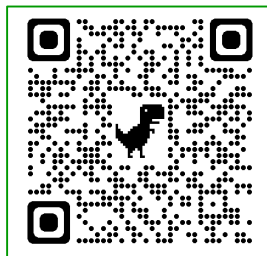
欢迎！每个孩子填写一份申请表并附上所需文件。

我们将根据孩子的年龄和家庭收入（而非申请日期）判定是否符合参与计划的资格。计划名额有限，尽早申请！

我们将申请表所填信息予以保密，用于判定孩子是否符合早期学习计划 (Early Learning Programs) 的资格。

我们不要求、不征也不申请移民或社会与服务部 (Department of Social and Health Services, DSHS) 状态。

取更多信息



需随申请表附上的文件：如果您在填写申请表需要帮助，或无法提供下列所需文件，联系我。用蓝色或黑色墨水填写申请表

可用以下任一文件：

- 寄养津贴
- 过去 12 个月收到的子女抚养费
- 雇主证明函，列明过去 12 个月的收入

1 收入证明：附上一份家庭收入证明。



- 收入文件：
 - 上一年度所得税申报表
 - 上一年度 W-2 表格
 - 过去 12 个月的工资单
- 当前补充保障收入 (Supplemental Security Income, SSI)/困难家庭援助 (Temporary Assistance for Needy Families, TANF)/补充营养援助计划 (Supplemental Nutrition Assistance Program, SNAP) 福利证明函

可用以下任一文件：

- 学校证明
- 法庭或法律文件

2 家庭人数证明：附上一份家庭人数证明。



- 上一年度所得税申报表
- 租约或住房文件
- 福利证明函（如 TANF、SSI、SNAP 等）

可用以下任一文件：

- 寄养授权函
- 当前免疫接种记录
- 正署 (Department of Corrections, DOC) 在押人育儿计划证明

3 孩子年龄证明：附上一份孩子的出生日期证明文件。



- 出生证明
- 护照/驾照
- 领养文件

可用以下任一文件：

- 父母与子女任承担人署并注明日期的面谈

4 法定监护权证明：附上一份法定监护权证明。



- 出生证明
- 护照/驾照
- 领养文件
- 寄养证明

5 其他适用文件

- 当前免疫接种记录
- 当前个别教育计划 (Individualized Education Program, IEP)/个别家庭服务计划 (Individualized Family Service Plan, IFSP)
- 孩子近期的 Well Child 健康检查报告
- 近期牙科检查报告
- 部落成员证明

- 必须附上收入证明。如未提供，我们将无法受理您的申请。
- 如您有上述未列出的文件，致我办公室。

将填妥的申请表及文件提交至：中心/站点地址：

Kent Family Center - 13111 Se 274th St Kent WA 98030 - 253 630 9590

Kent Valley Early Learning Center - 317 4th Ave S Kent WA 98032 - 253 373 7600



KYFS Head Start & ECEAP Program Models

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

- **School-Day** is 6.5 hours per day, Monday - Thursday & some Fridays and requires self-transport.
- **Part-Day** is 3 to 3.5 hours per day, Monday – Bus transportation limited, depending upon the site and class time.

Which Program Model is your first preference?

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

Mark preference: ____ School-Day (self-transportation required) ____ Part-Day
____ Please keep my child on the School-Day waitlist until an opening occurs.

Bussing needed? Yes ____ No ____

Attends Day Care? Yes ____ No ____ Before School ____ After School ____

Daycare Name: _____

Daycare Address: _____

Please **initial**:

_____ I give permission for the staff to run my child's online WA State Immunization Record

IMPORTANT: 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 July 7th:

If on Kent East Hill & Covington: Kent Family Center 13111 SE 274th St, Kent WA 98030 – Open Tuesdays & Wednesdays, call to verify hours, 253-630-9590.

If in downtown Kent & West Hill area: Kent Valley Early Learning Center 317 4th Ave S Kent WA 98032 – Open Wednesdays & Thursdays, call to verify hours, 253-373-7600.

STAFF ONLY

Mapped	
Spreadsheet	
ELMS	
OI/ESE Letter Sent	
Double Checked	
ESE/ERE Request	

早教申请 2025-2026

Early Learning Application 2025-2026



Staff Only - ChildPlus ID:	ELMS ID:	Date Received:
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幼儿信息 – 基本资料 | Child Information – General

名字 First Name:	中间名缩写 Middle Initial:
姓氏 Last Name(s):	首选名称 Preferred Name:
出生日期 (年/月/日) Date of Birth (month/day/year):	性别 Gender: <input type="checkbox"/> 男 M <input type="checkbox"/> 女 F

幼儿的家庭语言? What is this child's home language?	第二语言 2 nd language:
幼儿使用的语言 This child speaks: <input type="checkbox"/> 仅说英语 Only English <input type="checkbox"/> 大部分英语, 夹杂其他语言 Mostly English and another language <input type="checkbox"/> 使用英语和其他语言的情况差不多 (双语) Both English and another language the same (bilingual)	<input type="checkbox"/> *部分英语, 大部分为其他语言 *Some English, but mostly another language <input type="checkbox"/> *仅说英语以外的另外一种语言 *Only a language other than English

孩子是 (请勾选所有适用项) Child is (Check all that apply): <input type="checkbox"/> 非裔/非裔美国人/裔黑人 African/African American/Black <input type="checkbox"/> 夏威夷原住民或太平洋岛民 Native Hawaiian or Pacific Islander <input type="checkbox"/> 亚洲人 Asian <input type="checkbox"/> 白人 White <input type="checkbox"/> 斯加原住民/美洲原住民/美洲印地安人 Alaska Native/Native American/American Indian <input type="checkbox"/> 拒绝举报 Decline to Report <input type="checkbox"/> 西班牙裔/拉丁裔 Hispanic/Latino <input type="checkbox"/> 不属于以上列出的种族 Not listed:	
您的家庭背景/宗族/来源国? What is your family's heritage/tribe/country of origin?	
Staff Only: If this child is applying for ECEAP, and parent has marked Alaska Native/Native American/American Indian, please confirm whether this child is a member or eligible for membership in a Federally recognized tribe.	

幼儿之前是否曾报名参加过这些计划? Has this child been previously enrolled in these programs?		
<input type="checkbox"/> 婴幼儿早期支持 (ESIT)、IDEA C 部分、ECLIPSE 出生到三岁的早期干预 Early Support for Infants and Toddlers (ESIT), IDEA Part C, ECLIPSE, or any Birth-to-Three Early Intervention	<input type="checkbox"/> 在华盛顿州另一个县的启蒙/早期启蒙 /ECEAP/早期 ECEAP, 而不是 PSESD 计划 Head Start/Early Head Start/ECEAP/Early ECEAP in another Washington State County, not a PSESD Program	<input type="checkbox"/> 以前的学龄前儿童入学时间 (3-5 岁) Previous preschool enrollment (ages 3-5)
<input type="checkbox"/> 华盛顿州金县或皮尔斯县的启蒙计划/早期启蒙计划/早期启蒙计划/ECEAP/早期 ECEAP 计划 Head Start/Early Head Start/ECEAP/Early ECEAP in King or Pierce County, Washington State, or a PSESD Program	<input type="checkbox"/> 华盛顿州任意地点移民/季节性启蒙计划 Migrant/Seasonal Head Start anywhere in Washington State	<input type="checkbox"/> 之前没有接受过学前教育 (3-5 岁) No previous preschool enrollment (ages 3-5)
幼儿上次参加计划的时间? When did this child last attend?		计划名称和地点 Name and location of program:
幼儿目前是否注册此地的社区席位? Is this child currently enrolled in a community slot at this site? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No		
幼儿是目前在此地注册儿童的兄弟姐妹? Is this child a sibling of a child currently enrolled in the program you are applying to? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No		

Child's First Name:	Child's Last Name:
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寄养或亲属照顾：| Foster or Kinship Care

幼儿由官方寄养机构照顾或由亲属在有补助金的情况下照顾？ | Is this child in official foster care or kinship care with a grant amount?

☐ 是 | Yes ☐ 否 | No

如回答是，案件号或客户 ID 号是多少？ | If yes, what is the Case Number or Client ID Number?

每月补助/付款金额和来源？ | What is the monthly grant/payment amount and source? \$

☐ DSHS ☐ SSI ☐ 宗族 | Tribe

补助金涵盖的儿童数量 | # of children covered by grant amount:

☐ 其他 | Other

幼儿由亲属抚养，但无补助金？ | Is this child in kinship care without a grant amount? ☐ 是 | Yes ☐ 否 | No

幼儿是从寄养机构或亲属抚养家庭或从其他国家的孤儿院领养的吗？ | Was this child adopted after foster care or kinship care or from orphanage from another country? ☐ 是 | Yes ☐ 否 | No

幼儿在寄养或亲属抚养后近期是否与父母团聚？ | Was this child recently reunited with their parent(s) after foster care or kinship care?

☐ 是 | Yes ☐ 否 | No

以下信息仅供参考。回答“是”不影响您参加计划的资格和注册。 | The questions below are for information only. Answering “Yes” will not affect your eligibility or enrollment in the program.

您的家庭目前是否通过儿童保护服务 (CPS)、家庭评估响应 (FAR)、印度儿童福利 (ICW)、类似的部落服务或执法/法院系统获得服务/支持？ | 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? ☐ 是 | Yes ☐ 否 | No

您的家人过去是否接受过 CPS/FAR/ICW、类似的部落服务或执法/法院系统的服务/支持？ | Has your family received services/support from CPS/FAR/ICW, comparable tribal services, or law enforcement/court system in the past? ☐ 是 | Yes ☐ 否 | No

您的家庭目前通过了 CPS 或 FAR 儿童保育批准？ | Is your family currently approved for childcare through CPS or FAR?

☐ 是 – 批准每周多少个小时？ | Yes – How many approved hours per week?

☐ 否 | No

幼儿是否曾因行为问题而被要求退出早教计划？ | Has this child ever been asked to leave an early learning program because of behavior issues?

☐ 是 | Yes ☐ 否 | No

幼儿信息 – 健康 | Child Information – Health

幼儿是否有医疗保险？ | Does this child have medical insurance? ☐ 有 | Yes ☐ 无 | No

如有，医疗保险类型？ | If yes, what type?

☐ Washington Apple Health/ProviderOne

☐ 私人保险 | Private Insurance

☐ 宗族 | Tribal

☐ 军事医疗保险 | Military Medical Coverage

幼儿是否有私人医生或医疗诊所？ | Does this child have a regular doctor or medical clinic?

☐ 有 – 诊所/服务提供方名称 | Yes - Name of clinic/provider:

医疗专业人员姓名 | Name of medical professional:

☐ 无 | No

幼儿在過去 12 個月內是否接受過兒童健康檢查？是 – 上次 | Did this child have a well-child exam within the last 12 months?

☐ 上次檢查日期（年/月/日） | Yes – Date of last exam (month/day/year):

☐ 否 | No ☐ 日期未知 | Date Unknown

幼儿是否有牙科保险？ | Does this child have dental insurance? ☐ 是 | Yes ☐ 无 | No

如有，牙科保险类型？ | If yes, what type?

☐ Washington Apple Health/ProviderOne

☐ 私人保险 | Private Insurance

☐ 宗族 | Tribal

☐ ABCD

☐ 军事牙科保险 | Military Dental Coverage

幼儿是否有私人牙医或牙科诊所？有 – 诊所/服务提供方 | Does this child have a regular dentist or dental clinic?

☐ 名称 | Yes - Name of clinic/provider:

牙科专业人员姓名 | Name of dental professional:

☐ 无 | No

Child's First Name:

Child's Last Name:



Washington State Department of
CHILDREN, YOUTH & FAMILIES

Revised 06/25/2025

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Language: Chinese (Simplified) /
English

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幼儿在过去 6 个月内是否接受过牙科检查? 是 – 上次 | Did this child have dental exam within the last 6 months?

☐ 上次检查日期 (年/月/日) | Yes – Date of last exam (month/day/year):

☐ 否 | No ☐ 日期未知 | Date Unknown

幼儿的免疫状态如何? | What is your child's immunization status?

☐ 完全免疫 | Fully immunized ☐ 免除 | Exempt ☐ 非完全免疫或免除 | Not fully immunized or exempt ☐ 不确定 | Not sure

是否曾有医疗保健服务提供方诊断幼儿患有慢性疾病 (可能包括心理健康、哮喘、癌症、糖尿病、癫痫、注意力缺陷多动症

(Attention Deficit Hyperactivity Disorder, ADHD)、自闭症、脊柱裂、镰状细胞病或危及生命的过敏)? | 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)?

☐ 是 – 请说明 | Yes – Please describe:

认为健康问题 | The health condition is considered:

☐ 严重 | Severe ☐ 中等 | Moderate ☐ 轻微 | Mild

☐ 否 | No

医疗保健提供者是否诊断出这种情况? | Has a Health Care Provider diagnosed this condition? ☐ 是 | Yes ☐ 否 | No

幼儿信息 – 发育 | Child Information - Development

您是否担忧幼儿的健康状况? | Do you have concerns about this child's health?

☐ 是 – 请勾选以下所有适用项 | Yes – check all that apply below ☐ 否 | No

☐ 出重体重轻 (低于 5.5 磅/5 磅 8 盎司) | Low birth weight (less than 5.5 lbs/5 lbs 8 oz.)

☐ 37 周前早产 精细肢体 | Preterm birth less than 37 weeks

☐ 受药物/酒精影响 | Drug/alcohol affected

☐ 听力 | Hearing

☐ 运动/粗肢体运动 | Fine motor/gross

☐ 牙疼/龋坏/牙龈出血 | Tooth pain/decay/bleeding gums

☐ 视力 | Vision

☐ motor

☐ 食物不耐受/特殊饮食 – 请说明 | Food intolerance/special diet – Please describe:

幼儿目前正在参加个别教育计划 (Individual Education Plan, IEP) 或个别家庭服务计划 (Individual Family Service Plan, IFSP)? | Does this child have a current and active Individual Education Plan (IEP) or Individual Family Service Plan (IFSP)?

☐ 是 – 请随附一份副本与申请表一起提交。 | Yes – Please provide a copy with your application.

☐ 否 – 请勾选所有适用项 | No – Check if any of these apply:

☐ 我的孩子进行了评估并被确定有资格获得 IEP, 但我们正在等待 IEP 发放或拒绝服务。 | My child had an evaluation and was determined eligible for an IEP, but we are waiting for IEP to be issued or declined services.

☐ 我的孩子过去有过 IFSP, 但没有过渡到学区的 IEP。 | My child has had an IFSP in the past but did not transition to an IEP with the school district.

☐ 我的孩子被诊断为发育迟缓或残疾、没有参加 IEP 或被转介接受评估。我。 | My child has a diagnosed developmental delay or disability with no IEP, or is being referred for evaluation.

☐ 的孩子疑似发育迟缓或残疾。 | My child has a suspected developmental delay or disability.

☐ 我对我孩子的发育有顾虑。 | I have concerns about my child's development.

☐ 无适用 | None apply



Child's First Name:

Child's Last Name:

父母/监护人信息 | Parent/Guardian Information

幼儿共同生活人员 This child lives with: <input type="checkbox"/> 单亲/一名监护人 (填写父母/监护人 1) One parent/guardian (complete Parent/Guardian 1) <input type="checkbox"/> 同一家庭双亲/两名监护人 (填写父母/监护人 1 和 2) Two parents/guardians in the same household (complete Parent/Guardian 1 & 2) <input type="checkbox"/> 两个家庭双亲/两名监护人 (填写父母/监护人 1 和 2) Two parents/guardians in two households (complete Parent/Guardian 1 & 2)		
	父母/监护人 1 Parent/Guardian 1	父母/监护人 2 Parent/Guardian 2
名字 First Name		
姓氏 Last Name(s)		
与幼儿的关系 Relationship to child	<input type="checkbox"/> 亲生父母/养父母/继父母 Biological/Adopted/Stepparent <input type="checkbox"/> 寄养父母 Foster Parent <input type="checkbox"/> 寄养父母 Aunt/Uncle <input type="checkbox"/> 祖父母 Grandparent <input type="checkbox"/> 祖父母 Other:	<input type="checkbox"/> 亲生父母/养父母/继父母 Biological/Adopted/Stepparent <input type="checkbox"/> 寄养父母 Foster Parent <input type="checkbox"/> 寄养父母 Aunt/Uncle <input type="checkbox"/> 祖父母 Grandparent <input type="checkbox"/> 祖父母 Other:
性别 Gender	<input type="checkbox"/> 男 M <input type="checkbox"/> 女 F	<input type="checkbox"/> 男 M <input type="checkbox"/> 女 F
出生日期 (年/月/日) Date of Birth (month/day/year)		
地址 (包括市、州、邮编) Address (include City, State, Zip)		
电话 Phone	<input type="checkbox"/> 家庭 Home <input type="checkbox"/> 手机 Cell <input type="checkbox"/> 工作 Work	<input type="checkbox"/> 家庭 Home <input type="checkbox"/> 手机 Cell <input type="checkbox"/> 工作 Work
其他电话 Alternate Phone	<input type="checkbox"/> 家庭 Home <input type="checkbox"/> 手机 Cell <input type="checkbox"/> 工作 Work	<input type="checkbox"/> 家庭 Home <input type="checkbox"/> 手机 Cell <input type="checkbox"/> 工作 Work
电子邮箱 Email		
幼儿出生时您未年满 18 岁? Were you under age 18 when this child was born?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/> 不适用 N/A	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/> 不适用 N/A
您说哪种语言? What language(s) do you speak?		
是否需要该语言的口译人员? Do you need an interpreter for this language?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No



Child's First Name:

Child's Last Name:

	父母/监护人 1 Parent/Guardian 1	父母/监护人 2 Parent/Guardian 2
您或您的任何家庭成员是否有 ADA 或我们可以支持的其他无障碍需求? Do you or any members of your family have ADA or other accessibility needs we can support?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
您是西班牙裔/拉丁裔吗? Are you Hispanic/Latino?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/> 拒绝举报 Decline to Report	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/> 拒绝举报 Decline to Report
您是 (请勾选所有适用项): You are (check all that apply):	<input type="checkbox"/> 非裔/非裔美国人/裔黑人 African/African American/Black <input type="checkbox"/> 亚洲人 Asian <input type="checkbox"/> 斯加原住民/美洲原住民/美洲印地安人 Alaska Native/Native American/American Indian <input type="checkbox"/> 西班牙裔/拉丁裔 Hispanic/Latino <input type="checkbox"/> 夏威夷原住民或太平洋岛民 Native Hawaiian or Pacific Islander <input type="checkbox"/> 白人 White <input type="checkbox"/> 拒绝举报 Decline to Report <input type="checkbox"/> 不属于以上列出的种族 Not listed above:	<input type="checkbox"/> 非裔/非裔美国人/裔黑人 African/African American/Black <input type="checkbox"/> 亚洲人 Asian <input type="checkbox"/> 斯加原住民/美洲原住民/美洲印地安人 Alaska Native/Native American/American Indian <input type="checkbox"/> 西班牙裔/拉丁裔 Hispanic/Latino <input type="checkbox"/> 夏威夷原住民或太平洋岛民 Native Hawaiian or Pacific Islander <input type="checkbox"/> 白人 White <input type="checkbox"/> 拒绝举报 Decline to Report <input type="checkbox"/> 不属于以上列出的种族 Not listed above:
您完成的最高教育水平? What is the highest level of education you completed?	<input type="checkbox"/> 6 年级或以下 6 th grade or less <input type="checkbox"/> 7 到 12 年级, 无文凭或普通同等学历证书 (General Equivalency Diploma, GED) 7 th to 12 th grade, no diploma or GED <input type="checkbox"/> 高中文凭 High school diploma <input type="checkbox"/> GED <input type="checkbox"/> 部分大学/高等培训 Some college/advanced training <input type="checkbox"/> 高等培训大学/专业 College/professional certificate <input type="checkbox"/> 证书 副学士学位 Associate degree <input type="checkbox"/> 学士学位 Bachelor's degree <input type="checkbox"/> 硕士或博士学位 Master's or doctorate degree <input type="checkbox"/> 无 None	<input type="checkbox"/> 6 年级或以下 6 th grade or less <input type="checkbox"/> 7 到 12 年级, 无文凭或普通同等学历证书 (General Equivalency Diploma, GED) 7 th to 12 th grade, no diploma or GED <input type="checkbox"/> 高中文凭 High school diploma <input type="checkbox"/> GED <input type="checkbox"/> 部分大学/高等培训 Some college/advanced training <input type="checkbox"/> 高等培训大学/专业 College/professional certificate <input type="checkbox"/> 证书 副学士学位 Associate degree <input type="checkbox"/> 学士学位 Bachelor's degree <input type="checkbox"/> 硕士或博士学位 Master's or doctorate degree <input type="checkbox"/> 无 None
您目前是否在职? Are you currently employed?	<input type="checkbox"/> 是 – 每周工作小时数 (包括出行?) Yes – How many hours per week (including travel)? 雇主名称和电话号码 Employer name & phone #: <input type="checkbox"/> 否 No <input type="checkbox"/> 否, 已退休或残疾 No, retired or disabled <input type="checkbox"/> 季节性 Seasonal	<input type="checkbox"/> 是 – 每周工作小时数 (包括出行?) Yes – How many hours per week (including travel)? 雇主名称和电话号码 Employer name & phone #: <input type="checkbox"/> 否 No <input type="checkbox"/> 否, 已退休或残疾 No, retired or disabled <input type="checkbox"/> 季节性 Seasonal



Child's First Name:

Child's Last Name:

	父母/监护人 1 Parent/Guardian 1	父母/监护人 2 Parent/Guardian 2
目前正在参加职业培训或在学校学习？ Are you currently in job training or school?	<input type="checkbox"/> 是 – 每周小时数（包括课堂时间、学习时间、出行）？ Yes – How many hours per week (including class time, study time, travel)? 学校名称和专业/目标 School name & major/goal: <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 – 每周小时数（包括课堂时间、学习时间、出行）？ Yes – How many hours per week (including class time, study time, travel)? 学校名称和专业/目标 School name & major/goal: <input type="checkbox"/> 否 No
是否参加了批准的 WorkFirst 活动？ Are you in an approved WorkFirst activity?	<input type="checkbox"/> 是 – 请说明活动以及批准的每周 Yes – Describe the activity and the number of approved hours per week: <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 – 请说明活动以及批准的每周 Yes – Describe the activity and the number of approved hours per week: <input type="checkbox"/> 否 No
您目前或曾经是否在美国参军？ Are you or have been in the U.S. military?	<input type="checkbox"/> 是，现役军人 Yes, current service member <input type="checkbox"/> 是，目前或过去 12 个月内接受部署/总计 19 个月 Yes, currently deployed or have been in the last 12 months/for a total of 19 months <input type="checkbox"/> 个月是，退伍军人 Yes, veteran <input type="checkbox"/> 否 No	<input type="checkbox"/> 是，现役军人 Yes, current service member <input type="checkbox"/> 是，目前或过去 12 个月内接受部署/总计 19 个月 Yes, currently deployed or have been in the last 12 months/for a total of 19 months <input type="checkbox"/> 个月是，退伍军人 Yes, veteran <input type="checkbox"/> 否 No

家庭顾虑 | Family Concerns

请勾选您对自己/家人的顾虑。 | Please check areas of concern that you have for yourself/family in your household.

<input type="checkbox"/> 家庭成员有残疾或有慢性身体或精神健康状况，并且 Household member has a disability or has a chronic physical or mental health condition and is: <input type="checkbox"/> 无法从事工作/学校/家庭生活 Unable to engage in work/school/family life <input type="checkbox"/> 有点能够从事工作/学校/家庭生活 Somewhat able to engage in work/school/family life <input type="checkbox"/> 大部分时间能够从事工作/学校/家庭生活 Mostly able to engage in work/school/family life <input type="checkbox"/> 孩子的父母/监护人有学习困难，没有残疾 Child's parent/guardian has learning difficulties, no disability <input type="checkbox"/> 家庭中的家庭暴力（过去或现在），包括在子宫内 Household domestic violence (past or current), including <i>in utero</i> <input type="checkbox"/> 家庭药物/酒精问题或药物滥用（过去或现在），包括在子宫内 Household drug/alcohol issues or substance abuse (past or current), including <i>in utero</i>	<input type="checkbox"/> 家庭在社会上是孤立的，完全或几乎完全没有与他人联系 Family is socially isolated, with complete or near-complete lack of contact with others <input type="checkbox"/> 孩子的父母/监护人对获得或保住工作的担忧 Child's parent/guardian concern for getting or keeping a job <input type="checkbox"/> 家人有法律上的顾虑 Family has legal concerns <input type="checkbox"/> 孩子有一个家庭成员曾就读于美国原住民寄宿学校 Child has a family member who attended Indian Boarding School <input type="checkbox"/> 孩子的父母/监护人是农民工或季节性工人，家庭收入的一半以上来自农业工作 Child's parent/guardian is a migrant or seasonal worker with more than half of family income coming from agricultural work <input type="checkbox"/> 父母和孩子搬迁地点从事传统文化习俗或就业（季节性或临时性农业或渔业） Parent and child moved to engage in traditional cultural practices or employment (seasonal or temporary in agricultural or fishing)	<input type="checkbox"/> 孩子的父母/监护人正在或已经被监禁 Child's parent/guardian is or has been incarcerated <input type="checkbox"/> 失去父母（死亡、遗弃） Loss of a parent (death, abandonment) <input type="checkbox"/> 孩子的父母/监护人在孩子的一生中离婚或分居 Child's parents/guardians divorced or separated during child's life <input type="checkbox"/> 曾经无家可归的家庭（过去 12 个月内） Family previously homeless (in the last 12 months) <input type="checkbox"/> 家人对住房有顾虑 Family concerns with housing <input type="checkbox"/> 没有任何 None
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Child's First Name:

Child's Last Name:

家庭居住条件 | Family Living Situation

家庭是否收到住房补贴，比如住房补贴凭证或现金住房援助？ | Does this household receive subsidized housing such as a housing voucher or cash assistance for housing? ☐ 是 | Yes ☐ 否 | No

家庭目前的居住条件？《麦基尼-文托法案》(McKinney-Vento Act) 为无家可归的幼儿和青少年提供服务和支持。您的回答可能有助于我们确定幼儿有资格接受的服务。 | 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.

☐ 自有房屋 | Own

☐ 其他人的住房或与其他家庭共用公寓（选择下面的一个选项） | In someone else's house or apartment with another family (select one option below):

☐ 租赁房屋 | Rent

☐ 军队—等待永久性住房 | Military – waiting for permanent housing

➢ ☐ 通过选择（例如，分担责任、与家人亲近等） | By choice (e.g., to share responsibilities, to be close to family, etc.)

☐ 汽车旅馆 | In a motel

➢ ☐ 由于失去住房、经济困难或类似原因 | Due to loss of housing, economic hardship, or similar reason

☐ 庇护所 | In a shelter

☐ 过渡性住房 | Transitional Housing

☐ 汽车、公园、校园或类似场所 | A car, park, campsite, or similar location

☐ 四处搬家/沙发客 | Moving from place to place/couch surfing

☐ 设施不完备（无水、热、电）的住宅 | In a residence with inadequate facilities (no water, heat, electricity)

☐ 其他 – 请说明 | Other – Please describe:

家庭收入和成员数量 | Family Income and Family Size

您家中的父母/监护人是向另一个家庭支付具有法律约束力的子女抚养费？ | Does a parent/guardian in your household pay legally binding child support to another household? ☐ 是 | Yes ☐ 否 | No

请勾选所有适用项（如果您、幼儿或家中其他与您具有血缘、婚姻或收养关系的人员接受这些类型的公共援助） | 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:

☐ 接受残疾 SSI 的人员 | SSI for disability received by: ☐ 幼儿 | Child ☐ 父母/监护人 | Parent/Guardian

☐ 其他人 – 与幼儿的关系 | Other – Relationship to child:

☐ 贫困家庭临时援助(Temporary Assistance for Needy Families, TANF) 现金 | Temporary Assistance for Needy Families (TANF) cash

☐ 仅针对幼儿的 TANF | Child-only TANF

☐ 基本食物 (SNAP/FAP) | Basic Food (SNAP/FAP)

☐ WorkFirst

☐ 就业关系之托儿服务 (Working Connections Child Care) 补贴 | Working Connections Child Care subsidy

☐ 妇女、婴儿及儿童营养补充特别计划 (Women, Infants and Children, WIC) | WIC

☐ 没有任何 | None

是否是机构推荐您参加此计划？ | Were you referred to this program by an agency?

☐ 否 | No ☐ 是 | Yes - Name:

您是如何得知此计划的？ | How did you find out about this program?



Child's First Name:Child's Last Name:

请列出住在这个孩子的主要家庭中的所有人员。 Please list all people living in this child's primary household.				
姓名 (名字和姓氏) Name (First and Last)	出生日期 (年/月/日) Birthdate (month/day/year)	与幼儿的关系 Relationship to child	此人是否由孩子的父母/ 监护人提供经济支持? Is this person financially supported by parent/guardian of child?	此人是否与孩子的父母/监护人 有血缘、婚姻或收养关系? Is this person related to parent/guardian of child by blood, marriage, or adoption?
孩子 Applying Child:		孩子 Applying Child	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
家长监护人 Parent/Guardian:		家长监护人 Parent/Guardian	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
家长监护人 Parent/Guardian:		家长监护人 Parent/Guardian	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
			<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
			<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
			<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
			<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
			<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
			<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
			<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
			<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No

我保证此表格上的信息真实且正确。我有权让这个孩子入学，并将按照早期学习计划的要求报告我的所有收入和家庭规模。如果我故意提供虚假信息，我了解我的家人可能无法继续计划服务。此外，如果我的孩子参加了ECEAP，我可能需要偿还在我孩子身上花费的金额。

本人知悉，本申请表所载信息将输入儿童、青年和家庭部 (Department of Children, Youth, and Families, DCYF) 及普吉湾教育服务区 (Puget Sound Educational Service District, PSESD) 所运作的各种早教数据库。DCYF 和 PSESD 承诺保护可识别幼儿或家庭的机密和个人信息。与移民状态有关的信息不输入数据库或与州或联邦机构共享。数据库中的信息可用于以下用途：

- 调查研究，以确定参与早教是否有助于孩子以后的生活。
- 证明华盛顿州将部分资金投入家庭计划，这是从联邦政府接受贫困家庭临时援助资金的必要条件。

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 the databases or shared with state or federal agencies. Information in the 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.

父母/监护人签名 | Parent/Guardian Signature日期 | Date

(ECEAP Staff: Enter this date in ELMS)

***Staff Only – If not signed, complete below. Parent signature must be obtained as soon as possible, or no later than the enrollment visit.**

Reviewed and received verbal verification on (date):

Staff Initials:

(ECEAP Staff: Enter this date in ELMS if not signed – you cannot update this once the ELMS application is locked)

