

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健康服务部 (Department of Social and Health Services, DSHS) 状况。

获取更多信息



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，请联系我们。请用蓝色或黑色墨水填写申请表

可用以下任一文件：

  
**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
- 当前充保障收入 (Supplemental Security Income, SSI)/困难家庭援助 (Temporary Assistance for Needy Families, TANF)/充营养援助计划 (Supplemental Nutrition Assistance Program, SNAP) 福利证明函


- 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

  
**2 家庭人数证明：**附上一份家庭人数证明。

可用以下任一文件：

- 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)

- 学校证明
- 法庭或法律文件

  
**3 孩子年龄证明：**附上一份孩子的出生日期证明文件。

可用以下任一文件：

- 出生证明
- 护照/驾照
- 领养文件

- 寄养授权函
- 当前疫苗接种证明
- 正署 (Department of Corrections, DOC) 在押人育儿计划证明

  
**4 法定监护权证明：**附上一份法定监护权证明。

可用以下任一文件：

- 出生证明
- 护照/驾照
- 领养文件
- 寄养证明

- 父母与监护人任承担人签署并注明日期的证明函

**5 其他适用文件**

- 当前疫苗接种证明
- 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，致函我们的办公室。

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



# Early Learning Application 2026-2027/ 2026-2027 年学前教育计划申请



<b>Staff Only</b>	<b>ChildPlus ID</b> <input type="text"/>	<b>ELMS ID</b> <input type="text"/>	<input type="checkbox"/> <b>ECEAP</b> <input type="checkbox"/> <b>HS</b> <input type="checkbox"/> <b>EHS</b>	<b>Date Received</b> <input type="text"/>
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## Child Information – General/ 儿童基本信息

<b>First Name</b> 名字: <input type="text"/>	<b>Middle Initial</b> 中间名首字母缩写: <input type="text"/>	<b>Last Name(s)</b> 姓氏: <input type="text"/>
<b>Date of Birth month/day/year</b> 出生日期 (月/日/年): <input type="text"/>	<b>Gender</b> M    F 性别 <input type="checkbox"/> 男 <input type="checkbox"/> 女	<b>Preferred Name</b> 常用名: <input type="text"/>
<b>What is this child's home language?</b> 该名儿童在家中所用语言是什么? <input type="text"/>		<b>2<sup>nd</sup> language</b> 第 2 语言: <input type="text"/>
<b>This child speaks/</b> 该名儿童: <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Only English</b> 仅讲英语</li> <li><input type="checkbox"/> <b>Mostly English and another language</b> 主要讲英语加另一种语言</li> <li><input type="checkbox"/> <b>Both English and another language the same (bilingual)</b> 同时讲英语与另一种语言 (双语)</li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>*Some English, but mostly another language</b> *少量讲英语, 主要使用另一种语言</li> <li><input type="checkbox"/> <b>*Only a language other than English</b> *仅讲英语以外的语言</li> </ul>

**Child is (Check all that apply)/ 该名儿童属于 (勾选所有适用项) :**

<input type="checkbox"/> <b>African/African American/Black</b> 非裔/非裔美国人/黑人  <input type="checkbox"/> <b>Asian</b> 亚裔  <input type="checkbox"/> <b>Alaska Native/Native American/ American Indian</b> 阿拉斯加原住民/美洲原住民/印第安人	<input type="checkbox"/> <b>Hispanic/Latino</b> 西班牙裔/拉丁裔  <input type="checkbox"/> <b>Native Hawaiian or Pacific Islander</b> 夏威夷原住民或太平洋岛民  <input type="checkbox"/> <b>White/ 白人</b>	<input type="checkbox"/> <b>Decline to Report</b> 拒绝透露  <input type="checkbox"/> <b>Not listed</b> 未列出: <input type="text"/>
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**What is your family's heritage/tribe/country of origin?**  
您家庭的族裔/部落/原籍国是哪里?

**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./

**This child's previous or current enrollment/ 该名儿童既往或当前就读情况:**

<input type="checkbox"/> <b>None/ 无</b> No previous preschool enrollment ages 3-5 既往未就读学前班 (3-5 岁)  <input type="checkbox"/> <b>Early Support for Infants and Toddlers (ESIT), IDEA Part C, ECLIPSE</b> 婴幼儿早期支持计划 (Early Support for Infants and Toddlers, ESIT)、《残疾人教育法》(Individuals with Disabilities Education Act, IDEA) C 部分、早期儿童干预与预防服务 (Early Childhood Intervention Prevention Services, ECLIPSE)	<input type="checkbox"/> <b>Head Start/Early Head Start/ECEAP/Early ECEAP in another Washington State County, not a PSESD Program</b> Washington 州内其他县的 Head Start/Early Head Start/ECEAP/早期 ECEAP, 非 PSESD 计划  <input type="checkbox"/> <b>Previous preschool enrollment ages 3-5</b> 既往就读学前班 (3-5 岁)  <input type="checkbox"/> <b>Migrant/Seasonal Head Start anywhere in Washington State</b> Washington 州任何地区的流动/季节性 Head Start
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# Early Learning Application 2026-2027/ 2026-2027 年学前教育计划申请

**Child's First Name**  
儿童名字:

**Child's Last Name**  
儿童姓氏:

Head Start/Early Head Start/ECEAP/Early ECEAP in King or Pierce County, Washington State, or a PSESD Program  
 Washington 州 King 或 Pierce 县幼儿学习中心 (Head Start)/早期幼儿学习中心 (Early Head Start)/ECEAP/早期 ECEAP, 或 Puget Sound 教育服务区 (Puget Sound Educational Service District, PSESD) 计划

When did this child last attend?  
该名儿童最后一次参加的时间?

Name and location of program  
计划名称和地点:

Is this child currently enrolled in a community slot at this site? Yes No  
 该名儿童目前是否报名注册在本机构社区名额?  是  否

Is this child a **sibling** of a child currently enrolled in the program you are applying to? Yes No  
 该名儿童是否与您申请的计划中已注册的儿童有**兄弟姐妹**关系?  是  否

**Foster or Kinship Care Has this child ever been in foster, kinship or orphanage care?** Yes No  
**寄养或亲属照料: 该名儿童是否曾接受过寄养、亲属照料或孤儿院照料?**  是  否

If yes, please answer the following questions\*  
 若选择是, 请回答以下问题: \*

Is this child in official foster care or kinship care **with** a foster care payment? Yes No  
 该名儿童是否处于官方寄养或亲属照料状态**并**获得寄养补助?  是  否

• **If yes, what is the Case Number or Client ID Number?**

• **若选择是, 请提供个案编号或客户 ID 号:**

• **What is the monthly payment amount and source? \$**

• **每月补助金额及来源: \$**

**# of children covered by payment amount**

**补助覆盖儿童人数:**

DSHS SSI Tribe Other

社会与健康服务部

(Department of Social and Health Services, DSHS) 补助

补充性保障收入

(Supplemental Security Income, SSI) 补助  部落补助  其他

\* **Is this child in kinship care *without* a payment amount?** Yes No

\* 该名儿童是否接受亲属照料, 但**无**补助?  是  否

\* **Was this child adopted after foster or kinship care, or from orphanage in another country?** Yes No

\* 该名儿童是否在寄养/亲属照料后被收养, 或从国外孤儿院领养?  是  否

\* **Was this child recently reunited with parent(s) after foster care or kinship care?** Yes No

\* 该名儿童是否在寄养/亲属照料后近期与父母团聚?  是  否



# Early Learning Application 2026-2027/ 2026-2027 年学前教育计划申请

**Child's First Name**  
儿童名字:

**Child's Last Name**  
儿童姓氏:

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

**以下问题仅用于信息收集。回答“是”不会影响您参与本计划的资格或登记。**

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? Yes No

您的家庭目前是否通过儿童保护服务 (Child Protective Services, CPS)、家庭评估响应 (Family Assessment Response, FAR)、印第安儿童福利 (Indian Child Welfare, ICW)、类似部落服务或执法/法院系统获得服务/支持?  是  否

Has your family received services/support from CPS/FAR/ICW, comparable tribal services, or law enforcement/court system in the past? Yes No

您的家庭过去是否曾通过 CPS/FAR/ICW、类似的部落服务或执法/法院系统获得服务/支持?  是  否

Is your family currently approved for childcare through CPS or FAR?

您的家庭目前是否已获得 CPS 或 FAR 的托儿批准?

Yes – How many approved hours per week?

是 – 每周获批的托儿时长是多少?  No/ 否

Has this child ever been asked to leave an early learning program because of behavior? Yes No

该名儿童是否曾因行为问题被要求退出学前教育计划?  是  否

## Child Information – Health/ 儿童健康信息

Does this child have medical insurance? Yes No/ 该名儿童是否有医疗保险?  是  否

**If yes,**

**what type?/**

**若选择是,**

**那么是何种**

**类型?**

Washington Apple Health/  
ProviderOne

Washington Apple Health/  
ProviderOne

Private  
Insurance  
 私人保险

Tribal  
 部落保险

Military Medical Coverage  
 军人医疗保险

Does this child have a regular doctor or medical clinic?/ 该名儿童是否有固定的医生或诊所?

Yes - Name of clinic/provider/ 是 - 诊所/服务提供者名称:

No - Name of medical professional/ 否 - 医疗专业人员姓名:

Does this child have dental insurance? Yes No

该名儿童是否有牙科保险?  是  否

**If yes,**

**what type?/**

**若选择是,**

**那么是何**

**种类型?**

Washington Apple Health/  
ProviderOne

Washington Apple Health/  
ProviderOne

Private  
Insurance  
 私人保险

Tribal  
 部落保险

ABCD  
 ABCD

Military Dental Coverage  
 军人牙科保险

Does this child have a regular dentist or dental clinic?/ 该名儿童是否有固定的牙医或牙科诊所?

Yes - Name of clinic/provider/ 是 - 诊所/服务提供者名称:

No - Name of dental professional/ 否 - 牙科专业人员姓名:

What is your child's immunization status? Fully immunized Exempt Not fully immunized, not exempt Not sure  
孩子的免疫接种情况如何?  已完全接种  已豁免  未完全接种且未豁免  不确定



# Early Learning Application 2026-2027/ 2026-2027 年学前教育计划申请

**Child's First Name**  
儿童名字:

**Child's Last Name**  
儿童姓氏:

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?/

该名儿童是否患有慢性病症（可能包括心理健康问题、哮喘、癌症、糖尿病、癫痫、注意力缺陷多动障碍 (Attention Deficit Hyperactivity Disorder, ADHD)、自闭症、脊柱裂、镰状细胞贫血症或危及生命的过敏症）？

Yes – Please describe  
 是 - 请描述说明:

No/ 否

The health condition is considered Severe  
Moderate Mild

该病症的严重程度:  严重  中度  轻度

Has a Health Care Provider diagnosed this condition?

Yes No

是否有医疗服务提供者提供关于此病症的诊断?

是  否

## Child Information – Development/ 儿童发育信息

Do you have concerns about this child's health? Yes – check all that apply below No

您是否担心孩子的健康状况?  是 – 勾选下方所有适用项  否

Low birth weight less than 5.5 lbs/  
5 lbs 8 oz.

低出生体重 (低于 5.5 磅/5 磅 8 盎司)

Hearing

听力

Vision

视力

Preterm birth less than 37 weeks

早产 (不足 37 周)

Fine motor/gross motor

精细运动/粗大运动

Food intolerance/special diet – Please describe

食物不耐受/特殊饮食 – 请描述说明:

Drug/alcohol affected

药物/酒精影响

Tooth pain/decay/  
bleeding gums

牙痛/龋齿/牙龈出血

Does this child have a **current and active** Individual Education Plan IEP or Individual Family Service Program IFSP?/

该名儿童**当前是否制定了有效的**个性化教育计划 (Individual Education Plan, IEP) 或个性化家庭服务计划 (Individual Family Service Plan, IFSP)?

Yes – Please provide a copy with your application.

是 – 请在申请时提供副本。

No – Check if any of these apply

否 – 请勾选以下适用项:

My child had an evaluation and was determined eligible for an IEP, but we are waiting for IEP to be issued or declined services.

我的孩子接受过评估, 并被认定符合 IEP 资格, 但我们仍在等待 IEP 的签发或服务被拒绝。

My child has had an IFSP in the past but did not transition to an IEP with the school district.

我的孩子过去曾持有 IFSP, 但未在学区转为 IEP。

My child has a diagnosed developmental delay or disability with no IEP, or is being referred for evaluation.

我的孩子已被诊断出发育迟缓或残疾, 但没有 IEP, 或正在进行评估转介。

My child has a suspected developmental delay or disability.

我的孩子疑似存在发育迟缓或残疾。

I have concerns about my child's development.

我对孩子的发育感到担忧。

None apply/ 以上均不适用



# Early Learning Application 2026-2027/ 2026-2027 年学前教育计划申请

**Child's First Name**  
儿童名字:

**Child's Last Name**  
儿童姓氏:

## Parent/Guardian Information/ 家长/监护人信息

*This child lives with/ 该名儿童与以下人员共同居住:*

- One parent/guardian with primary custody complete Parent/Guardian 1*
- 拥有主要监护权的单一家长/监护人 (填写“家长/监护人 1”)
- Two parents/guardians in the same household complete Parent/Guardian 1 & 2*
- 两位家长/监护人居住在同一住所 (填写“家长/监护人 1”和“家长/监护人 2”)
- Two parents/guardians in two households, one parent/guardian with primary custody (complete Parent/Guardian 1)*
- 两位家长/监护人分别居住在两个住所, 其中一位家长/监护人拥有主要监护权 (填写“家长/监护人 1”)
- Two parents/guardians in two households with equally shared time and custody (complete Parent/Guardian 1 & 2)*
- 两位家长/监护人分别居住在两个住所, 共同平等分担监护责任 (填写“家长/监护人 1”和“家长/监护人 2”)

<b>Parent/Guardian 1</b> 家长/监护人 1	<b>Parent/Guardian 2</b> 家长/监护人 2
<i>First Name/ 名字</i>	<i>First Name/ 名字</i>
<i>Last Name(s)/ 姓氏</i>	<i>Last Name(s)/ 姓氏</i>
<i>Relationship to child/ 与该名儿童的关系</i> <i>Biological/Adopted/Stepparent</i>	<i>Relationship to child/ 与该名儿童的关系</i> <i>Biological/Adopted/Stepparent</i>
<input type="checkbox"/> 亲生/收养/继父母	<input type="checkbox"/> 亲生/收养/继父母
<input type="checkbox"/> Foster Parent/ 寄养父母	<input type="checkbox"/> Foster Parent/ 寄养父母
<input type="checkbox"/> Grandparent/ 祖父母	<input type="checkbox"/> Grandparent/ 祖父母
<input type="checkbox"/> Aunt/Uncle/ 姨(姑)妈/舅舅(叔伯)	<input type="checkbox"/> Aunt/Uncle/ 姨(姑)妈/舅舅(叔伯)
<input type="checkbox"/> Other/ 其他:	<input type="checkbox"/> Other/ 其他:
<i>Gender/ 性别</i> <input type="checkbox"/> M/ 男 <input type="checkbox"/> F/ 女	<i>Gender/ 性别</i> <input type="checkbox"/> M/ 男 <input type="checkbox"/> F/ 女
<i>Date of Birth month/day/year</i> 出生日期(月/日/年)	<i>Date of Birth month/day/year</i> 出生日期(月/日/年)
<i>Address include City, State, Zip</i> 地址(含城市、州/省、邮编)	<i>Address (include City, State, Zip)</i> 地址(含城市、州/省、邮编)
<i>Phone/ 电话</i>	<i>Phone/ 电话</i>
<input type="checkbox"/> Home/ 家庭 <input type="checkbox"/> Cell/ 手机 <input type="checkbox"/> Work/ 办公	<input type="checkbox"/> Home/ 家庭 <input type="checkbox"/> Cell/ 手机 <input type="checkbox"/> Work/ 办公
<i>Alternate Phone/ 备用电话</i>	<i>Alternate Phone/ 备用电话</i>
<input type="checkbox"/> Home/ 家庭 <input type="checkbox"/> Cell/ 手机 <input type="checkbox"/> Work/ 办公	<input type="checkbox"/> Home/ 家庭 <input type="checkbox"/> Cell/ 手机 <input type="checkbox"/> Work/ 办公
<i>Email/ 电子邮件</i>	<i>Email/ 电子邮件</i>
<i>Were you under age 18 when this child was born?/</i> 该名儿童出生时您是否未满 18 周岁?	<i>Were you under age 18 when this child was born?/</i> 该名儿童出生时您是否未满 18 周岁?
<input type="checkbox"/> Yes/ 是 <input type="checkbox"/> No/ 否 <input type="checkbox"/> N/A/ 不适用	<input type="checkbox"/> Yes/ 是 <input type="checkbox"/> No/ 否 <input type="checkbox"/> N/A/ 不适用
<i>What languages do you speak?/</i> 您说哪种语言?	<i>What languages do you speak?/</i> 您说哪种语言?



**Early Learning Application 2026-2027/ 2026-2027 年学前教育计划申请**

*Child's First Name*  
儿童名字:

*Child's Last Name*  
儿童姓氏:

	<i>Parent/Guardian 1</i> 家长/监护人 1	<i>Parent/Guardian 2</i> 家长/监护人 2
<i>Do you need an English interpreter?/ 您是否需要英语口语译员?</i>	<input type="checkbox"/> Yes/ 是 <input type="checkbox"/> No/ 否	<input type="checkbox"/> Yes/ 是 <input type="checkbox"/> No/ 否
<i>Do you or any members of your family have ADA or other accessibility needs we can support?/ 您或您的任何家人是否患有《美国残疾人法案》(Americans with Disabilities Act, ADA) 中所述的残疾或我们可提供帮助的其他无障碍需求?</i>	<input type="checkbox"/> Yes/ 是 <input type="checkbox"/> No/ 否	<input type="checkbox"/> Yes/ 是 <input type="checkbox"/> No/ 否
<i>You are Check all that apply/ 您属于 (勾选所有适用项):</i>	<input type="checkbox"/> <i>African/African American/Black</i> 非裔/非裔美国人/黑人 <input type="checkbox"/> <i>Asian/ 亚裔</i> <input type="checkbox"/> <i>Alaska Native/Native American/ American Indian</i> 阿拉斯加原住民/美洲原住民/印第安人 <input type="checkbox"/> <i>Hispanic/Latino/ 西班牙裔/拉丁裔</i> <input type="checkbox"/> <i>Native Hawaiian or Pacific Islander</i> 夏威夷原住民或太平洋岛民 <input type="checkbox"/> <i>White/ 白人</i> <input type="checkbox"/> <i>Decline to Report/ 拒绝透露</i> <input type="checkbox"/> <i>Not listed above</i> <input type="checkbox"/> 上方未列出:	<input type="checkbox"/> <i>African/African American/Black</i> 非裔/非裔美国人/黑人 <input type="checkbox"/> <i>Asian/ 亚裔</i> <input type="checkbox"/> <i>Alaska Native/Native American/ American Indian</i> 阿拉斯加原住民/美洲原住民/印第安人 <input type="checkbox"/> <i>Hispanic/Latino/ 西班牙裔/拉丁裔</i> <input type="checkbox"/> <i>Native Hawaiian or Pacific Islander</i> 夏威夷原住民或太平洋岛民 <input type="checkbox"/> <i>White/ 白人</i> <input type="checkbox"/> <i>Decline to Report/ 拒绝透露</i> <input type="checkbox"/> <i>Not listed above</i> <input type="checkbox"/> 上方未列出:



# Early Learning Application 2026-2027/ 2026-2027 年学前教育计划申请

**Child's First Name**  
儿童名字:

**Child's Last Name**  
儿童姓氏:

	<b>Parent/Guardian 1</b> 家长/监护人 1	<b>Parent/Guardian 2</b> 家长/监护人 2
<b>What is the highest level of education you completed?/ 您完成的最高学历是什么?</b>	<input type="checkbox"/> 6 <sup>th</sup> grade or less/ 6 年级或以下 7 <sup>th</sup> to 12 <sup>th</sup> grade, no diploma and no GED <input type="checkbox"/> 7 至 12 年级, 无毕业证书或 GED 文凭 <input type="checkbox"/> High school diploma/ 高中毕业文凭 <input type="checkbox"/> GED/ GED Some college/advanced training <input type="checkbox"/> 某些大专/进修课程 Professional certificate <input type="checkbox"/> 专业证书 <input type="checkbox"/> Associate degree/ 副学士学位 <input type="checkbox"/> Bachelor's degree/ 学士学位 Master's or doctorate degree <input type="checkbox"/> 硕士或博士学位 <input type="checkbox"/> None/ 无	<input type="checkbox"/> 6 <sup>th</sup> grade or less/ 6 年级或以下 7 <sup>th</sup> to 12 <sup>th</sup> grade, no diploma and no GED <input type="checkbox"/> 7 至 12 年级, 无毕业证书或 GED 文凭 <input type="checkbox"/> High school diploma/ 高中毕业文凭 <input type="checkbox"/> GED/ GED Some college/advanced training <input type="checkbox"/> 某些大专/进修课程 Professional certificate <input type="checkbox"/> 专业证书 <input type="checkbox"/> Associate degree/ 副学士学位 <input type="checkbox"/> Bachelor's degree/ 学士学位 Master's or doctorate degree <input type="checkbox"/> 硕士或博士学位 <input type="checkbox"/> None/ 无
<b>Are you currently employed?/ 您当前是否有工作?</b>	Yes – How many hours per week including travel? <input type="checkbox"/> 是 – 每周工作多少小时 (含通勤时间)?  Employer/ 雇主: <input type="checkbox"/> No/ 否 No, retired or disabled <input type="checkbox"/> 否, 已退休或残疾 <input type="checkbox"/> Seasonal/ 季节性工作	Yes – How many hours per week including travel? <input type="checkbox"/> 是 – 每周工作多少小时 (含通勤时间)?  Employer/ 雇主: <input type="checkbox"/> No/ 否 No, retired or disabled <input type="checkbox"/> 否, 已退休或残疾 <input type="checkbox"/> Seasonal/ 季节性工作
<b>Are you currently in job training or school?/ 您目前是否正在接受职业培训或在校学习?</b>	Yes – How many hours per week including class time, study time, travel? <input type="checkbox"/> 是 – 每周投入多少小时 (含上课时间、学习时间、通勤时间)?  School/ 学校: <input type="checkbox"/> No/ 否	Yes – How many hours per week including class time, study time, travel? <input type="checkbox"/> 是 – 每周投入多少小时 (含上课时间、学习时间、通勤时间)?  School/ 学校: <input type="checkbox"/> No/ 否



# Early Learning Application 2026-2027/ 2026-2027 年学前教育计划申请

**Child's First Name**  
儿童名字:

**Child's Last Name**  
儿童姓氏:

	<b>Parent/Guardian 1</b> 家长/监护人 1	<b>Parent/Guardian 2</b> 家长/监护人 2
Are you in an approved WorkFirst activity?/ 您是否参与了经批准的工作优先计划 (WorkFirst) 活动?	<p>Yes – Describe the activity and the number of approved hours per week</p> <p><input type="checkbox"/> 是 – 请描述活动内容及每周批准时长:</p> <p><input type="checkbox"/> No/ 否</p>	<p>Yes – Describe the activity and the number of approved hours per week</p> <p><input type="checkbox"/> 是 – 请描述活动内容及每周批准时长:</p> <p><input type="checkbox"/> No/ 否</p>
Are you or have been in the U.S. military?/ 您是否正在或曾经服役于美国军队?	<p>Yes, current service member</p> <p><input type="checkbox"/> 是, 现役军人</p> <p>Yes, currently deployed or have been in the last 12 months/for a total of 19 months</p> <p><input type="checkbox"/> 是, 目前正在服役或过去 12 个月内曾服役/累计总服役 19 个月</p> <p><input type="checkbox"/> Yes, veteran/ 是, 退伍军人</p> <p><input type="checkbox"/> No/ 否</p>	<p>Yes, current service member</p> <p><input type="checkbox"/> 是, 现役军人</p> <p>Yes, currently deployed or have been in the last 12 months/for a total of 19 months</p> <p><input type="checkbox"/> 是, 目前正在服役或过去 12 个月内曾服役/累计总服役 19 个月</p> <p><input type="checkbox"/> Yes, veteran/ 是, 退伍军人</p> <p><input type="checkbox"/> No/ 否</p>

## Family Concerns/ 家庭问题

Please check areas of concern that you have for yourself/family in your household.  
请勾选您自己/您家人在家中遇到的问题。

Household member has a disability or has a chronic physical or mental health condition **and** is

家庭成员有残疾或患有慢性身心健康问题, 并且:

Unable to engage in work/school/family life

无法参与工作/学习/家庭生活

Somewhat able to engage in work/school/ family life

能够一定程度地参与工作/学习/家庭生活

Mostly able to engage in work/school/family life

能够较大程度地参与工作/学习/家庭生活

Family is socially isolated, with complete or near-complete lack of contact with others

家庭遭遇社会孤立, 与他人完全或几乎断绝联系

Child's parent/guardian has concern for getting or keeping a job

孩子的父母/监护人担心无法获得或保住工作

Family has legal concerns

家中存在法律问题

Child has a family member who attended Indian Boarding School

孩子的家庭成员曾就读于印度寄宿学校 (Indian Boarding School)

Child's parent/guardian is/has been incarcerated during child's lifetime

孩子的父母/监护人在孩子有生之年曾被监禁

Loss of a parent (death, abandonment)

失去父母 (死亡、遗弃)

Child's parents/guardians divorced or separated during child's life

孩子的父母/监护人在孩子有生之年离婚或分居

Family was previously homeless (in the last 12 months)

家中在过去 12 个月内曾遭遇无家可归



Child's First Name  
儿童名字:

Child's Last Name  
儿童姓氏:

Child's parent/guardian has learning difficulties, no disability

孩子的父母/监护人有学习障碍, 但无残疾

Household domestic violence (past or current), including in utero

遭遇家庭暴力(过去或现在), 包括胎时期暴力

Household drug/alcohol concerns or substance use/misuse (past or current), including in utero

家中存在药物/酒精问题或物质使用障碍/滥用(过去或现在), 包括胎时期使用药物/酒精问题

Child's parent/guardian is a migrant or seasonal worker with more than half of family income coming from agricultural work

孩子的父母/监护人是移民或季节性工人, 家庭收入的一半以上来自农业工作

Parent and child moved to engage in traditional cultural practices or employment (seasonal or temporary in agriculture or fishing)

父母和孩子搬迁以从事传统文化活动或就业(季节性或临时性的农业或渔业工作)

Family has concerns with housing

家中存在住房困难

None/ 无

Family Living Situation/ 家庭居住状况

Does this household receive subsidized housing such as a housing voucher or cash assistance for housing? Yes No

家庭是否领取住房补贴, 例如住房券或住房现金援助?  是  否

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./**

您家目前的住房状况如何? 《麦金尼-文托无家可归者援助法》(McKinney-Vento Act) 为无家可归的儿童和青少年提供服务和支助。您的回答有助于我们确定您的孩子可能符合哪些服务资格。

Own/ 自有住房

Temporary Military Housing/ 军队临时住房

Rent/ 租房

In someone else's house or apartment with another family (select one option below)

与另一个家庭同住在别人家或公寓里(请选择以下任一项):

➢ By choice (e.g., to share responsibilities, to be close to family, etc.)

➢  自愿选择(例如, 为了分担责任、为了离家人近一些等)

➢ Due to loss of housing, economic hardship, or similar reason

➢  因失去住房、经济困难或类似原因

In a motel/ 住在汽车旅馆

In a shelter/ I 住在收容所

A car, park, campsite, or similar location

住在汽车、公园、露营地或类似场所

Transitional Housing/ 住在过渡性住房

Moving from place to place/couch surfing

四处漂泊/沙发客

In a residence with inadequate facilities (no water, heat, electricity)

住在设施不足的住所(没有水、暖气、电)

Other - Please describe/ 其他 - 请描述说明:



# Early Learning Application 2026-2027/ 2026-2027 年学前教育计划申请

<b>Child's First Name</b> 儿童名字:	<b>Child's Last Name</b> 儿童姓氏:
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## Family Income and Family Size/ 家庭收入和规模

Does a parent/guardian in your household pay legally binding child support to another household? Yes No  
您家中的父母/监护人是否依法向其他家庭支付子女抚养费?  是  否

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./  
如果您、该名儿童或与您有血缘、婚姻或收养关系的同住人员领取以下类型的公共援助, 请勾选所有适用项。

SSI for disability received by Child Parent/Guardian Other – Relationship to child  
 领取 SSI 的人员  儿童  父母/监护人  其他 – 与该名儿童的关系:

Temporary Assistance for Needy Families (TANF) cash Child-only TANF  
 贫困家庭临时援助 (Temporary Assistance for Needy Families, TANF) 现金  仅限儿童的 TANF

Basic Food (SNAP/FAP) WorkFirst Working Connections Child Care subsidy WIC None  
 基本食品券 (补充营养协助计划 (Supplemental Nutrition Assistance Program, SNAP)/食品援助计划 (Food Assistance Program, FAP))  WorkFirst  职工人士子女保育计划 (Working Connections Child Care) 津贴  妇女、婴儿和儿童营养补充计划 (Women, Infants, and Children, WIC)  无

Were you referred to this program by an agency? No  Yes - Name/ 是 - 名称:  
您是否通过机构推荐参加此计划?  否

How did you find out about this program?/ 您如何了解到该计划?

## Please list all people living in this child's primary household/请列出所有与该名儿童共同居住的家庭成员

Name First and Last/ 姓名 (名字和姓氏)	Birthdate month/day/ year/ 出生日期 (月/日/年)	Relationship to child/ 与儿童的 关系		
Applying Child/ 申请儿童:		Applying Child/ 申请儿童	Yes/ 是	Yes/ 是
			Are you the applying child's biological or adoptive parent?/ 您是否是申请儿童的亲生父母或养父母?	If no, are you married to the parent/guardian of the applying child?/ 如果不是, 您是否与申请儿童的父母/监护人结婚?



# Early Learning Application 2026-2027/ 2026-2027 年学前教育计划申请

<b>Child's First Name</b> 儿童名字:	<b>Child's Last Name</b> 儿童姓氏:
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Name First and Last/ 姓名 (名字和姓氏)	Birthdate month/day/ year/ 出生日期 (月/日/年)	Relationship to child/ 与儿童的 关系		
Parent/Guardian 家长/监护人:		Parent/ Guardian 家长/监护人	Yes No <input type="checkbox"/> 是 <input type="checkbox"/> 否	Yes No <input type="checkbox"/> 是 <input type="checkbox"/> 否
Parent/Guardian 家长/监护人:		Parent/ Guardian 家长/监护人	Yes No <input type="checkbox"/> 是 <input type="checkbox"/> 否	Yes No <input type="checkbox"/> 是 <input type="checkbox"/> 否
Additional household members/ 其他家庭成员:			Is this person financially supported by parent/guardian of child?/ <input type="checkbox"/> 此人是否由 该名儿童的父 母/监护人提供 经济支持?	Is this person related to parent/guardian of child by blood, marriage, or adoption?/ <input type="checkbox"/> 此人是否与该名儿童 的父母/监护人有血缘、 婚姻或收养关系?
			Yes No <input type="checkbox"/> 是 <input type="checkbox"/> 否	Yes No <input type="checkbox"/> 是 <input type="checkbox"/> 否
			Yes No <input type="checkbox"/> 是 <input type="checkbox"/> 否	Yes No <input type="checkbox"/> 是 <input type="checkbox"/> 否
			Yes No <input type="checkbox"/> 是 <input type="checkbox"/> 否	Yes No <input type="checkbox"/> 是 <input type="checkbox"/> 否
			Yes No <input type="checkbox"/> 是 <input type="checkbox"/> 否	Yes No <input type="checkbox"/> 是 <input type="checkbox"/> 否
			Yes No <input type="checkbox"/> 是 <input type="checkbox"/> 否	Yes No <input type="checkbox"/> 是 <input type="checkbox"/> 否

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./

我承诺此表格上的信息真实无误。我有权为我的孩子报名，并将按照学前教育计划的要求，如实申报我的收入和家庭人口数。如果我故意提供虚假信息，我理解我的家庭可能无法继续享受计划服务。此外，如果我的孩子参加了ECEAP，我可能需要偿还已为孩子支出的费用。



# Early Learning Application 2026-2027/ 2026-2027 年学前教育计划申请

**Child's First Name**  
儿童名字:

**Child's Last Name**  
儿童姓氏:

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 these databases or shared with state or federal agencies. Information in these databases may be used for the following/

我理解此申请表中的信息将被录入由儿童、青少年和家庭部 (Department of Children, Youth, and Families, DCYF) 以及 Puget Sound 教育服务区 (Puget Sound Educational Service District, PSESD) 运营的多个学前教育计划数据库。DCYF 和 PSESD 致力于保护可能识别儿童或家庭身份的个人机密信息。这些数据库中不会录入任何与移民身份相关的信息，也不会与州或联邦机构共享。这些数据库中的信息可能用于以下用途：

- *Research studies to determine if participating in Early Learning helps children later in life.*  
调查研究，旨在确定参与学前教育计划是否对儿童日后的生活有所帮助。
- *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.*  
证明 Washington 州将部分自有资金用于家庭计划，这是从联邦政府获得贫困家庭临时援助资金的必要条件。

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
父母/监护人签名 \_\_\_\_\_ 日期 \_\_\_\_\_

**(ECEAP Staff Enter this date in ELMS)/ (ECEAP 工作人员：在 ELMS 中输入此日期)**

**\*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*

