

Soo dhawaaw! Fadlan u buuxi hal xidhmo oo codsi ah ilmo kasta kuna soo lifaaq dukumiintiyada loo baahan yahay.

U-qalmitaanka barnaamijyadeena waxaa lagu go'aamiyaa da'da ilmaha iyo dakhliga qoysku helo, laguma go'aamiyo taariikhda aad codsatay.

Barnaamijyadeenu si degdeg ah ayey u buuxsamaan, sidaas oowgeed fadlan sida ugu dhakhsaha badan u codso!

Macluumaadka ku jira codsigaaga waa qarsoodi waxaana loo isticmaalaa oo keliya si loogu go'aamiyo u-qalmitaanka cunugaagu inuu u qalmo Barnaamijyada Waxbarashada Dhallaanka.

Uma baahnin, hubinta ama ka warbixin xogta socdaalka ama xaalada Department of Social and Health Services (DSHS).

Iskaan garee si aad u hesho macluumaad badan




Codsiga waxaa lagu soo lifaaqay dukumiintiyada loo baahan yahay: Fadlan nala soo xiriir haddii aad u baahan tahay caawimaad si aad u buuxiso codsiga ama haddii aadan haysan mid ka mid ah dukumiintiyada loo baahan yahay ee hoos lagu qoray. Fadlan codsiga ka buuxi khad buluug ama madaw.

Isticmaal mid kasta oo ku haboon:

1  **Cadeynta Dakhliga:** Kusoo lifaaq nuqulka caddeynta dakhliga qoyska.

- Dhukumiintiyada Dakhliga:
 - Canshuur celintii Sanadkii Lasoo Dhaafay
 - Foomka W-2 ee Sanadkii lasoo dhaafay
 - Warqadaha mushaarka ee 12 kii billood ee lasoo dhaafay
- Warqadaha dheefaha hadda ee Dakhliga Amniga ee Dheeraadka ah (Supplemental Security Income, SSI)/Kaalmada Kumeel gaarka ah ee Qoysaska Baahiyaha Qaba (Temporary Assistance for Needy Families, TANF)/Barnaamijka Kaalmada Nafaqada Dheeraadka ah (Supplemental Nutrition Assistance Program, SNAP)


- Deeqda Daryeelka Korinta Ilmaha
- Taageerada Ilmaha ee ka helay 12 billood
- Warqad shirkadu qortay oo sheegaysa dakhligaaga guud ee 12 kii billood ee lasoo dhaafay

2  **Caddeynta Tirada Qoyska:** Kusoo lifaaq nuqulka caddeynta tirada qoyska.

Isticmaal mid kamid ah:

- Canshuur celintii Sanadkii Lasoo Dhaafay
- Dhukumiintiga kirada ama guriga
- Warqada Dheefaha (TANF, SSI, SNAP, iwm.)


- Diiwaanada Dugsiga
- Dhukumiinti maxkamad ama sharci

3  **Caddeynta Da'da Ilmaha:** Kusoo lifaaq nuqulka caddeynta taariikhda uu dhashay cunugaagu.

Isticmaal mid kamid ah:

- Warqada Dhalashada ee Ilmaha
- Baasaboort/Fiiso
- Warqado Korsasho oo dheeraad ah

- Warqada Ogolaanshaha Daryeelka Korinta Ilmaha
- Diiwaanka Socdaalka ee Hadda
- Liistada dhukumiintiga deegaanka guriga ee waalidka

4  **Caddeynta Masuuliyada Sharciga:** Kusoo lifaaq nuqulka caddeynta masuuliyada sharciga.

Isticmaal mid kamid ah:

- Warqada Dhalashada
- Baasaboort/Fiiso
- Warqado Korsasho oo dheeraad ah
- Diwaanka Daryeelka Korinta Ilmaha

- Heshiis qoraal ah oo ay saxiixeen ayna ku qoreen taariikhda waalidiinta iyo qofka masuuliyada sharciga haya

5 **Dhukumiintiyada dheeraad ah haddii ay jiraan**

- Diiwaanka Socdaalka ee Hadda
- Barnaamijka Waxbarashada Gaarka ah (Individualized Education Program, IEP)/Qorshaha Adeegga Qoyska ee Gaarka ah (Individualized Family Service Plan, IFSP) ee Hadda
- Baaritaanka Caafimaadka ee Ilmaha ee ugu dambeeyay
- Baaritaanka Ilkaha ee ugu dambeeyay
- Caddeynta Xubinimada Qabiilka

- Fadlan xaqiiji inaad caddeyntaada dakhliga kusoo darto. Ma sii wadi karno codsigaaga macluumaadkaan la'aantiis.
- Wac xafiiskeena haddii aad hesho dhukumiintiyada nooc kale ah oo aan halkaan lagu qorin.

Codsigaaga aad buuxisay iyo dhukumiintiyada kusoo celi: Xarunta / Cinwaanka Site:

Kent Family Center - 13111 SE 274th St Kent WA 98030

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

Xiriirka Information:

Kent Family Center - 253 630 9590

Kent Valley Early Learning Center - 253 373 7600



Early Learning Application 2026-2027/ Codsiga Barashada Hore 2026-2027



Staff Only	ChildPlus ID: <input style="width:80%;" type="text"/>	ELMS ID: <input style="width:80%;" type="text"/>	<input type="checkbox"/> ECEAP <input type="checkbox"/> HS <input type="checkbox"/> EHS	Date Received: <input style="width:80%;" type="text"/>
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Child Information – General/ Macluumaadka Ilmaha – Guud

First Name: Magaca Koowaad: <input style="width:80%;" type="text"/>	Middle Initial: Xarafka Hore ee Magaca Dhexe: <input style="width:80%;" type="text"/>	Last Name(s): Magacyada (Dambe): <input style="width:80%;" type="text"/>
Date of Birth (month/day/year): Taariikhda Dhalashada (bil/maalin/sanad): <input style="width:80%;" type="text"/>	Gender: <input type="checkbox"/> M <input type="checkbox"/> F Jinsi: <input type="checkbox"/> M <input type="checkbox"/> F	Preferred Name: Magaca Koowaad: <input style="width:80%;" type="text"/>
What is this child's home language? Waa maxay luqadda guriga ee ilmahan? <input style="width:80%;" type="text"/>		2nd language: Luqadda 2 nd : <input style="width:80%;" type="text"/>
This child speaks:/ Ilmahani wuxuu ku hadlaa: <input type="checkbox"/> Only English Kaliya Ingiriisi <input type="checkbox"/> Both English and another language the same (bilingual) FORMCHECKBOX Labadaba Ingiriisi iyo luqad kale isku mid (lab-luqad)		<input type="checkbox"/> Mostly English and another language Badanaa Ingiriisi iyo luqad kale <input type="checkbox"/> *Some English, but mostly another language *Qaar Ingiriisi ah, laakiin badanaa luqad kale <input type="checkbox"/> *Only a language other than English *Kaliya luqad aan ahayn Ingiriisi

Child is (Check all that apply):/ Ilmaha waa (Xulo dhammaan kuwa khuseeya):		
<input type="checkbox"/> African/African American/Black Afrikaan/Afrikaan Ameerikaan/Madow <input type="checkbox"/> Asian Aasiyaan <input type="checkbox"/> Alaska Native/Native American/ American Indian Dhaladka Alaska/Dhalad Mareykan ah/ Hindida Ameerikaan ah	<input type="checkbox"/> Hispanic/Latino Hisbaanik/Laatiino <input type="checkbox"/> Native Hawaiian or Pacific Islander Dhalasho Hawaiian ama Pacific Islander <input type="checkbox"/> White/ Caddaan	<input type="checkbox"/> Decline to Report Diiday in la Sheego <input type="checkbox"/> Not listed: Lama Sheegin <input style="width:80%;" type="text"/>
What is your family's heritage/tribe/country of origin? Waa maxay asal/ qabiil/ dalka uu qoyskani ka soo jeedo? <input style="width:80%;" type="text"/>		
Staff Only: <i>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./</i>		

This child's previous or current enrollment:/ Diiwaangelintii hore ama hadda ee ilmahan:	
<input type="checkbox"/> None/ Midna Ma Jiro No previous preschool enrollment (ages 3-5) <input type="checkbox"/> Ma jirto diiwaangelin hore oo dugsiga hore (da'doodu tahay 3-5)	<input type="checkbox"/> Head Start/Early Head Start/ECEAP/Early ECEAP in another Washington State County, not a PSESD Program <input type="checkbox"/> Head Start / Early Head Start / Barnaamijka Waxbarashada Carruurnimada Hore iyo Kaalmada (Early Childhood Education and Assistance Program, ECEAP)/ Early ECEAP oo ku yaalla degmo kale oo ka tirsan Gobolka Washington, kana baxsan barnaamijyada Degmada Adeegga Waxbarashada Puget Sound (Puget Sound Educational Service District, PSESD)



Child's First Name: Magaca Koowaad ee Ilmaha:	Child's Last Name: Magaca Dambe ee Ilmaha:
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<p><i>Early Support for Infants and Toddlers (ESIT), IDEA Part C, ECLIPSE</i></p> <p><input type="checkbox"/> Taageerada Hore ee Ilmaha Yar iyo Caruurta Yar (Early Support for Infants and Toddlers, ESIT), Qaybta C ee Sharciga Waxbarashada Shaqsiyaadka Naafada ah (Individuals with Disabilities Education Act, IDEA), Adeegyada Faragelinta iyo Ka-hortagga Carruurnimada Hore (Early Childhood Intervention Prevention Services, ECLIPSE)</p> <p><i>Head Start/Early Head Start/ECEAP/Early ECEAP in King or Pierce County, Washington State, or a PSESD Program</i></p> <p><input type="checkbox"/> Head Start/Early Head Start/ECEAP/Early ECEAP ee Degmada King ama Pierce, Gobolka Washington, ama Barnaamijka PSESD</p> <p><i>When did this child last attend?</i></p> <p>Goorma ayuu ilmuhu ugu dambeeyay inuu ka qayb galo?</p>	<p><i>Previous preschool enrollment (ages 3-5)</i></p> <p><input type="checkbox"/> Ma jirto diiwaangelin hore oo dugsiga hore (da'doodu tahay 3-5)</p> <p><i>Migrant/Seasonal Head Start anywhere in Washington State</i></p> <p><input type="checkbox"/> Migrant/Seasonal Head Start meel kasta oo Gobolka Washington (Washington State) ah</p>
<p><i>Name and location of program:</i></p> <p>Magaca iyo goobta barnaamijka:</p>	
<p><i>Is this child currently enrolled in a community slot at this site? Yes No</i></p> <p>Ma ilmuhu hadda waa diiwaan gashan yahay boos bulsho oo goobtan ka mid ah? <input type="checkbox"/> Haa <input type="checkbox"/> Maya</p>	
<p><i>Is this child a sibling of a child currently enrolled in the program you are applying to? Yes No</i></p> <p>Ma ilmuhu waa walaal/ walaasha ilmaha hadda ku jira barnaamijka aad codsanayso? <input type="checkbox"/> Haa <input type="checkbox"/> Maya</p>	

<p>Foster or Kinship Care: Has this child ever been in foster, kinship or orphanage care? Yes No</p> <p>Daryeelka Foster ama Qaraabo: Ilmahani ma mar hore ayuu ku jiray daryeelka foster, qaraabo, ama masaajidka caruurta? <input type="checkbox"/> Haa <input type="checkbox"/> Maya</p> <p><i>If yes, please answer the following questions:*</i></p> <p>Haddii haa, fadlan ka jawaab su'aalaha soo socda:*</p> <p><i>Is this child in official foster care or kinship care with a foster care payment? Yes No</i></p> <p>Ma ilmuhu ku jiraa daryeelka rasmiga ah ee foster ama qaraabo oo leh lacag daryeelka foster? <input type="checkbox"/> Haa <input type="checkbox"/> Maya</p> <ul style="list-style-type: none"> If yes, what is the Case Number or Client ID Number? Haddii haa, waa maxay Lambarka Kiiska ama Lambarka Aqoonsiga Macaamiisha? <ul style="list-style-type: none"> <i>What is the monthly payment amount and source? \$</i> DSHS SSI Tribe Other <i>Waa imisa lacagta bishii iyo waxa ay ka timaaddo? \$</i> <input type="checkbox"/> Waaxda Adeegyada Bulshada iyo Caafimaadka (Department of Social and Health Services, DSHS) <input type="checkbox"/> Dakhli Amni Dheeraad ah (Supplemental Security Income, SSI) <input type="checkbox"/> Qabiil <input type="checkbox"/> Kale <p><i># of children covered by payment amount:</i></p> <p>#Tirada carruurta ay khuseyso lacagta la bixiyay:</p> <p><i>* Is this child in kinship care without a payment amount? Yes No</i></p> <p><i>* Ma ilmuhu ku jiraa daryeelka qaraabada aan lahayn lacag la bixiyo? <input type="checkbox"/> Haa <input type="checkbox"/> Maya</i></p> <p><i>* Was this child adopted after foster or kinship care, or from orphanage in another country? Yes No</i></p> <p><i>* Ilmahani ma la korsaday ka dib daryeelka foster ama qaraabada, ama ka yimid masaajidka caruurta ee dalka kale?</i> <input type="checkbox"/> Haa <input type="checkbox"/> Maya</p> <p><i>* Was this child reunited with parent(s) after foster care or kinship care? Yes No</i></p> <p><i>* Ilmahani ma dhawaan ayuu dib ugu midoobay waalid(ka) ka dib daryeelka foster ama qaraabada? <input type="checkbox"/> Haa <input type="checkbox"/> Maya</i></p>
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Early Learning Application 2026-2027/ Codsiga Barashada Hore 2026-2027

Child's First Name:

Magaca Koowaad ee Ilmaha:

Child's Last Name:

Magaca Dambe ee Ilmaha:

The questions below are for information only. Answering "Yes" will not affect your eligibility or enrollment in the program./ Su'aalaha hoose waa kaliya macluumaad ahaan. Ka jawaabidda "Haa" ma saameyn doonto u-qalmitaankaaga ama diiwaangelintaada barnaamijka.

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
 Qoyskan ma hadda ma helaa adeegyo / taageero iyada oo loo marayo Adeegyada Ilaalinta Carruurta (Child Protective Services, CPS), Jawaabta Qiimaynta Qoyska (Family Assessment Response, FAR), Daryeelka Carruurta Hindida (Indian Child Welfare, ICW), adeegyo qabiil la mid ah, ama nidaamka sharciga / maxkamadda? Haa Maya

Has your family received services/support from CPS/FAR/ICW, comparable tribal services, or law enforcement/court system in the past? Yes No
 Qoyskan ma helay adeegyo/taageero ka yimid CPS/FAR/ICW, adeegyo qabiil la mid ah, ama nidaamka sharciga/ maxkamadda hore? Haa Maya

Is your family currently approved for childcare through CPS or FAR?
 Qoyskan ma hadda waa la ogolaaday daryeelka carruurta iyada oo loo marayo CPS ama FAR?
 Yes – How many approved hours per week? No
 Haa – Immisa saacadood ayaa la ogolaaday toddobaadkii? Maya

Has this child ever been asked to leave an early learning program because of behavior? Yes No
 Ilmahani ma mar hore ayaa laga codsaday inuu ka baxo barnaamij barashada hore sababo la xiriiira dhaqankiisa?
 Haa Maya

Child Information – Health/ Macluumaadka Ilmaha – Guud

Does this child have medical insurance? Yes No/ Ilmahani ma leeyahay caymis caafimaad? Haa Maya

If yes, Washington Apple Health/ Private
 what type?/ ProviderOne Insurance Tribal Military Medical Coverage
Haddii haa, Washington Apple Health/ Caymis Qabiil Caymis Caafimaad Ciidan
 nooc ee ah? ProviderOne Gaar ah

Does this child have a regular doctor or medical clinic?/ Ilmahani ma leeyahay dhakhtar joogto ah ama rug caafimaad?
 Yes - Name of clinic/provider:/ Haa – Magaca rugta/adeeg bixiyaha:
 No - Name of medical professional:/ Maya – Magaca xirfadle caafimaad:

Does this child have dental insurance? Yes No
 Ilmahani ma leeyahay caymis caafimaad? Haa Maya

If yes, Washington Apple Health/ Private
 what type?/ ProviderOne Insurance Tribal ABCD Military Dental Coverage
Haddii haa, Washington Apple Health/ Caymis Qabiil ABCD Caymis Caafimaad Ciidan
 nooc ee ah? ProviderOne Gaar ah

Does this child have a regular dentist or dental clinic?/ Ilmahani ma leeyahay dhakhtar joogto ah ama rug caafimaad?
 Yes - Name of clinic/provider:/ Haa – Magaca rugta/adeeg bixiyaha:
 No - Name of dental professional:/ No - Maya – Magaca xirfadle caafimaad:



Child's First Name:

Child's Last Name:

Magaca Koowaad ee ilmaha:

Magaca Dambe ee ilmaha:

What is your child's immunization status? Fully immunized Exempt Not fully immunized, not exempt Not sure
 Waa maxay xaaladda tallaalka ilmahaaga? Si buuxda loo tallaalay Ka dhaafay Ma tallaalin buuxda, mana ka dhaafay
 Ma hubo

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)?/

Ilmahani ma leeyahay xaalad caafimaad oo joogto ah (waxay ka mid noqon kartaa caafimaadka maskaxda, neef-mareenka, kansarka, sonkorowga, suuxdinta, Ciladda Feejignaan-Yaraanta iyo Kacsanaanta (Attention-Deficit/Hyperactivity Disorder, ADHD), autism, spina bifida, cudurka unugga dhiigga ee sickle, ama xasaasiyado halis nolosha ah)?

Yes – Please describe:

Haa – Fadlan sharax:

No/ Maya

The health condition is considered: Severe

Moderate Mild

Xaaladda caafimaad waxaa loo tixgeliyaa: Adag

Dhexdhexaad Fudud

Has a Health Care Provider diagnosed this condition?

Yes No

Ma dhakhtar caafimaad ayaa ku ogaaday xaaladdan?

Haa Maya

Child Information – Development/ Macluumaadka ilmaha - Horumar

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

Ma ka qabtaa wax walaac ah caafimaadka ilmahan? Ilmaha waa (Xulo dhammaan kuwa khuseeya): Maya

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

Miisaan dhalasho oo hooseeya (ka yar 5.5 rodol / 5 rodol iyo 8 wiqiyadood)

Hearing

Maqalka

Vision

Aragga

Preterm birth less than 37 weeks

Dhalasho hore (ka hor 37 toddobaad)

Fine motor/gross motor

Dhaqdhaqaaqyada yar-yar (gacmaha/faraha)

Drug/alcohol affected

Ku waxyeelloobay daroogo ama khamri

Tooth pain/decay/ bleeding gums

Xanuunka ilkaha / ilko qudhmay / cirrid dhiigaya

Food intolerance/special diet – Please describe:

Cuntooyin uusan jirku u dulqaadan karin / cunto gaar ah Fadlan sharax:

Does this child have a **current and active** Individual Education Plan (IEP) or Individual Family Service Program (IFSP)?/ Ilmahani ma leeyahay Qorshe Waxbarasho Shakhsiyeed (Individual Education Plan, IEP) ama Barnaamij Adeeg Qoys oo Shakhsiyeed (Individual Family Service Program, IFSP) oo **hadda jira kana shaqaynaya**?

Yes – Please provide a copy with your application.

Haa – Fadlan ku soo lifaaq nuqul marka aad codsigaaga soo gudbinayso.



Child's First Name: Magaca Koowaad ee Ilmaha:	Child's Last Name: Magaca Dambe ee Ilmaha:
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No – Check if any of these apply:

Maya – Fadlan hubi haddii midkood ku habboon yahay:
My child had an evaluation and was determined eligible for an IEP, but we are waiting for IEP to be issued or declined services.

Ilmahaya waxaa lagu sameeyay qiimeyn waxaana lagu go'aamiyay inuu u qalmo IEP, laakiin waxaan sugaynaa in IEP la bixiyo ama in adeegyada laga diido.
My child has had an IFSP in the past but did not transition to an IEP with the school district.

Ilmahaya wuxuu hore u lahaa IFSP, laakiin ma u gudbin IEP degmada waxbarashada.
My child has a diagnosed developmental delay or disability with no IEP, or is being referred for evaluation.

Ilmahaya waxaa lagu ogaaday dib u dhac ama naafo horumarineed oo la xaqiijiyay iyadoo uusan haysan IEP, **ama** waxaa loo gudbinayaa qiimeyn.
My child has a suspected developmental delay or disability.

Ilmahaya waxaa lagu ogaaday dib u dhac ama naafo horumarineed oo la xaqiijiyay iyadoo uusan haysan IEP, ama waxaa loo gudbinayaa qiimeyn.
I have concerns about my child's development.

Waxaan ka welwelsanahay horumarka ilmahayga.

None apply/ Midna ma khuseeyo

Parent/Guardian Information/ Macluumaadka Waalidka/Ilmaha Mas'uulka ah

This child lives with:/ Ilmahani wuxuu ku hadlaa:

One parent/guardian with primary custody (complete Parent/Guardian 1)

Waalid/mas'uul keliya oo leh masuuliyadda ugu weyn **(buuxi Waalidka/Masuulka 1)**
Two parents/guardians in the same household (complete Parent/Guardian 1 & 2)

Laba waalid/mas'uul oo ku nool isla guriga **(buuxi Waalidka/Masuulka 1 & 2)**
Two parents/guardians in two households, one parent/guardian with primary custody (complete Parent/Guardian 1)

Waalid/mas'uul keliya oo leh masuuliyadda ugu weyn **(buuxi Waalidka/Masuulka 1)**
Two parents/guardians in two households with equally shared time and custody (complete Parent/Guardian 1 & 2)

Waalid/mas'uul keliya oo leh masuuliyadda ugu weyn **(buuxi Waalidka/Masuulka 2)**

Parent/Guardian 1 Macluumaadka Waalidka/Ilmaha Mas'uulka ah 1	Parent/Guardian 2 Macluumaadka Waalidka/Ilmaha Mas'uulka ah 2
First Name/ Magaca Koowaad	First Name/ Magaca Koowaad
Last Name(s)/ Magacyada (Dambe)	Last Name(s)/ Magacyada (Dambe)
Relationship to child/ Xiriirka uu/ay la leeyahay ilmaha <i>Biological/Adopted/Stepparent</i>	Relationship to child/ Xiriirka uu/ay la leeyahay ilmaha <i>Biological/Adopted/Stepparent</i>
<input type="checkbox"/> Dhalasho / La korsaday / Waalid beddel ah	<input type="checkbox"/> Dhalasho / La korsaday / Waalid beddel ah
<input type="checkbox"/> Foster Parent/ Waalid korin ah / Waalid xanaaneynaya	<input type="checkbox"/> Foster Parent/ Waalid korin ah / Waalid xanaaneynaya
<input type="checkbox"/> Grandparent/ Awoowe / Ayeeyo	<input type="checkbox"/> Grandparent/ Awoowe / Ayeeyo
<input type="checkbox"/> Aunt/Uncle/ Eedo / Adeer	<input type="checkbox"/> Aunt/Uncle/ Eedo / Adeer
<input type="checkbox"/> Other:/ Kale:	<input type="checkbox"/> Other:/ Kale:
Gender/ Jinsi <input type="checkbox"/> M/ M <input type="checkbox"/> F/ F	Gender/ Jinsi <input type="checkbox"/> M/ M <input type="checkbox"/> F/ F



Early Learning Application 2026-2027/ Codsiga Barashada Hore 2026-2027

Child's First Name:

Child's Last Name:

Magaca Koowaad ee Ilmaha:

Magaca Dambe ee Ilmaha:

Parent/Guardian 1 Macluumaadka Waalidka/Ilmaha Mas'uulka ah 1	Parent/Guardian 2 Macluumaadka Waalidka/Ilmaha Mas'uulka ah 2
<i>Date of Birth (month/day/year)</i> Taariikhda Dhalashada (bil/maalin/sanad):	<i>Date of Birth (month/day/year)</i> Taariikhda Dhalashada (bil/maalin/sanad):
<i>Address (include City, State, Zip)</i> Cinwaanka (ku dar Magaalada, Gobolka, Lambarka Boostada)	<i>Address (include City, State, Zip)</i> Cinwaanka (ku dar Magaalada, Gobolka, Lambarka Boostada)
<i>Phone/Taleefan</i> <input type="checkbox"/> Home/ Guriga <input type="checkbox"/> Cell/ Mobilka <input type="checkbox"/> Work/ Shaqada	<i>Phone/Taleefan</i> <input type="checkbox"/> Home/ Guriga <input type="checkbox"/> Cell/ Mobilka <input type="checkbox"/> Work/ Shaqada
<i>Alternate Phone/Taleefan</i> <input type="checkbox"/> Home/ Guriga <input type="checkbox"/> Cell/ Mobilka <input type="checkbox"/> Work/ Shaqada	<i>Alternate Phone/Taleefan</i> <input type="checkbox"/> Home/ Guriga <input type="checkbox"/> Cell/ Mobilka <input type="checkbox"/> Work/ Shaqada
<i>Email/limayl</i>	<i>Email/limayl</i>
<i>Were you under age 18 when this child was born?/ Ma ka yarayd 18 jir markii ilmahan dhashay?</i> <input type="checkbox"/> Yes/ Haa <input type="checkbox"/> No/ Maya <input type="checkbox"/> N/A/ N/A	<i>Were you under age 18 when this child was born?/ Ma ka yarayd 18 jir markii ilmahan dhashay?</i> <input type="checkbox"/> Yes/ Haa <input type="checkbox"/> No/ Maya <input type="checkbox"/> N/A/ N/A
<i>What language(s) do you speak?/ Afkee(kee) ayaad ku hadashaa?</i>	<i>What language(s) do you speak?/ Afkee(kee) ayaad ku hadashaa?</i>

	Parent/Guardian 1 Macluumaadka Waalidka/Ilmaha Mas'uulka ah 1	Parent/Guardian 2 Macluumaadka Waalidka/Ilmaha Mas'uulka ah 2
<i>Do you need an English interpreter?/ Ma u baahan tahay turjubaan Ingiriisi?</i>	<input type="checkbox"/> Yes/ Haa <input type="checkbox"/> No/ Maya	<input type="checkbox"/> Yes/ Haa <input type="checkbox"/> No/ Maya
<i>Do you or any members of your family have ADA or other accessibility needs we can support?/ Adiga ama xubno qoyskaaga ka mid ah ma leeyihiin baahiyo Sharciga Maraykanka ee Xuquuqda Dadka Naafada ah (Americans with Disabilities Act, ADA) ama baahiyo kale oo helitaanka adeegyada ah oo aan kaa taageeri karno?</i>	<input type="checkbox"/> Yes/ Haa <input type="checkbox"/> No/ Maya	<input type="checkbox"/> Yes/ Haa <input type="checkbox"/> No/ Maya



Child's First Name: Magaca Koowaad ee Ilmaha:	Child's Last Name: Magaca Dambe ee Ilmaha:
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	Parent/Guardian 1 Macluumaadka Waalidka/Ilmaha Mas'uulka ah 1	Parent/Guardian 2 Macluumaadka Waalidka/Ilmaha Mas'uulka ah 2
<i>You are (Check all that apply):/ Waxaad tahay (Calaamad dhammaan kuwa khuseeya):</i>	<p><i>African/African American/Black</i></p> <p><input type="checkbox"/> Afrikaan/Afrikaan Ameerikaan/Madow</p> <p><input type="checkbox"/> Asian/ Aasiyaan</p> <p><i>Alaska Native/Native American/ American Indian</i></p> <p><input type="checkbox"/> Dhaladka Alaska/Dhalad Mareykan ah/ Hindida Ameerikaan ah</p> <p><input type="checkbox"/> <i>Hispanic/Latino/ Hisbaanik/Laatiino</i></p> <p><i>Native Hawaiian or Pacific Islander</i></p> <p><input type="checkbox"/> Dhalasho Hawaiian ama Pacific Islander</p> <p><input type="checkbox"/> <i>White/ Caddaan</i></p> <p><input type="checkbox"/> <i>Decline to Report/ Diiday in la Sheego</i></p> <p><i>Not listed above:</i></p> <p><input type="checkbox"/> Lama Sheegin</p>	<p><i>African/African American/Black</i></p> <p><input type="checkbox"/> Afrikaan/Afrikaan Ameerikaan/Madow</p> <p><input type="checkbox"/> Asian/ Aasiyaan</p> <p><i>Alaska Native/Native American/ American Indian</i></p> <p><input type="checkbox"/> Dhaladka Alaska/Dhalad Mareykan ah/ Hindida Ameerikaan ah</p> <p><input type="checkbox"/> <i>Hispanic/Latino/ Hisbaanik/Laatiino</i></p> <p><i>Native Hawaiian or Pacific Islander</i></p> <p><input type="checkbox"/> Dhalasho Hawaiian ama Pacific Islander</p> <p><input type="checkbox"/> <i>White/ Caddaan</i></p> <p><input type="checkbox"/> <i>Decline to Report/ Diiday in la Sheego</i></p> <p><i>Not listed above:</i></p> <p><input type="checkbox"/> Lama Sheegin</p>
<i>What is the highest level of education you completed?/ Waa maxay heerka ugu sareeya ee waxbarasho ee aad dhammaysatay?</i>	<p><input type="checkbox"/> <i>6th grade or less/ 6th Fasalkaama ka hooseeya 7th to 12th grade, no diploma and no GED</i></p> <p><input type="checkbox"/> <i>7th to 12th Fasalka dhameystiray, shahaado ma haysto, Shahaadada Waxbarashada Guud (General Educational Development, GED) ma haysto</i></p> <p><input type="checkbox"/> <i>High school diploma/ Shahaadada dugsiga sare</i></p> <p><input type="checkbox"/> <i>GED/ GED</i></p> <p><i>Some college/advanced training</i></p> <p><input type="checkbox"/> <i>Wax yar oo jaamacad / tababar heer sare ah</i></p> <p><i>Professional certificate</i></p> <p><input type="checkbox"/> <i>Shahaado xirfadeed</i></p> <p><input type="checkbox"/> <i>Associate degree/ Shahaadada labaad ee jaamacadda</i></p> <p><input type="checkbox"/> <i>Bachelor's degree/ Shahaadada koowaad ee jaamacadda</i></p> <p><i>Master's or doctorate degree</i></p> <p><input type="checkbox"/> <i>Shahaadada Master ama Doctorate</i></p> <p><input type="checkbox"/> <i>None/ Midna Ma Jiro</i></p>	<p><input type="checkbox"/> <i>6th grade or less/ 6th Fasalkaama ka hooseeya 7th to 12th grade, no diploma and no GED</i></p> <p><input type="checkbox"/> <i>7th to 12th Fasalka dhameystiray, shahaado ma haysto, Shahaadada Waxbarashada Guud (General Educational Development, GED) ma haysto</i></p> <p><input type="checkbox"/> <i>High school diploma/ Shahaadada dugsiga sare</i></p> <p><input type="checkbox"/> <i>GED/ GED</i></p> <p><i>Some college/advanced training</i></p> <p><input type="checkbox"/> <i>Wax yar oo jaamacad / tababar heer sare ah</i></p> <p><i>Professional certificate</i></p> <p><input type="checkbox"/> <i>Shahaado xirfadeed</i></p> <p><input type="checkbox"/> <i>Associate degree/ Shahaadada labaad ee jaamacadda</i></p> <p><input type="checkbox"/> <i>Bachelor's degree/ Shahaadada koowaad ee jaamacadda</i></p> <p><i>Master's or doctorate degree</i></p> <p><input type="checkbox"/> <i>Shahaadada Master ama Doctorate</i></p> <p><input type="checkbox"/> <i>None/ Midna Ma Jiro</i></p>



Child's First Name:

Child's Last Name:

Magaca Koowaad ee Ilmaha:

Magaca Dambe ee Ilmaha:

	Parent/Guardian 1 Macluumaadka Waalidka/Ilmaha Mas'uulka ah 1	Parent/Guardian 2 Macluumaadka Waalidka/Ilmaha Mas'uulka ah 2
Are you currently employed?/ Ma hadda shaqaysaa?	<p><i>Yes – How many hours per week (including travel)?</i></p> <p><input type="checkbox"/> Haa – Immisa saacadood ayaa la ogolaaday toddobaadkii?</p> <p><i>Employer:/ Shaqo-bixiyaha:</i></p> <p><input type="checkbox"/> No/ Maya <i>No, retired or disabled</i></p> <p><input type="checkbox"/> Maya, hawlgab ama naafo ah</p> <p><input type="checkbox"/> Seasonal/ Xilliyeed</p>	<p><i>Yes – How many hours per week (including travel)?</i></p> <p><input type="checkbox"/> Haa – Immisa saacadood ayaa la ogolaaday toddobaadkii?</p> <p><i>Employer:/ Shaqo-bixiyaha:</i></p> <p><input type="checkbox"/> No/ Maya <i>No, retired or disabled</i></p> <p><input type="checkbox"/> Maya, hawlgab ama naafo ah</p> <p><input type="checkbox"/> Seasonal/ Xilliyeed</p>
Are you currently in job training or school?/ Ma hadda ku jirtaa tababar shaqo ama iskuul?	<p><i>Yes – How many hours per week (including class time, study time, travel)?</i></p> <p><input type="checkbox"/> Haa – Immisa saacadood todobaadkii (oo ay ku jiraan fasalka waqti, waqtiga waxbarashada, safarka)?</p> <p><i>School:/ Iskuul:</i></p> <p><input type="checkbox"/> No/ Maya</p>	<p><i>Yes – How many hours per week (including class time, study time, travel)?</i></p> <p><input type="checkbox"/> Haa – Immisa saacadood todobaadkii (oo ay ku jiraan fasalka waqti, waqtiga waxbarashada, safarka)?</p> <p><i>School:/ Iskuul:</i></p> <p><input type="checkbox"/> No/ Maya</p>
Are you in an approved WorkFirst activity?/ Ma ku jirtaa hawl WorkFirst oo la ansixiyay?	<p><i>Yes – Describe the activity and the number of approved hours per week:</i></p> <p><input type="checkbox"/> Haa – Sharax hawsha iyo tirada saacadaha la ansixiyay toddobaadkiiba:</p> <p><input type="checkbox"/> No/ Maya</p>	<p><i>Yes – Describe the activity and the number of approved hours per week:</i></p> <p><input type="checkbox"/> Haa – Sharax hawsha iyo tirada saacadaha la ansixiyay toddobaadkiiba:</p> <p><input type="checkbox"/> No/ Maya</p>
Are you or have been in the U.S. military?/ Ma hadda ku jirtaa mise hore baad uga tirsaneed ciidamada Mareykanka?	<p><i>Yes, current service member</i></p> <p><input type="checkbox"/> Haa, xubin hadda ka tirsan ciidamada</p> <p><i>Yes, currently deployed or have been in the last 12 months/for a total of 19 months</i></p> <p><input type="checkbox"/> Haa, hadda hawlgal ku jira ama 12-kii bilood ee la soo dhaafay ku jiray / wadarta guud 19 bilood</p> <p><input type="checkbox"/> Yes, veteran/ Haa, veteran</p> <p><input type="checkbox"/> No/ Maya</p>	<p><i>Yes, current service member</i></p> <p><input type="checkbox"/> Haa, xubin hadda ka tirsan ciidamada</p> <p><i>Yes, currently deployed or have been in the last 12 months/for a total of 19 months</i></p> <p><input type="checkbox"/> Haa, hadda hawlgal ku jira ama 12-kii bilood ee la soo dhaafay ku jiray / wadarta guud 19 bilood</p> <p><input type="checkbox"/> Yes, veteran/ Haa, veteran</p> <p><input type="checkbox"/> No/ Maya</p>



Child's First Name:

Magaca Koowaad ee Ilmaha:

Child's Last Name:

Magaca Dambe ee Ilmaha:

Family Concerns/ Walaacyada Qoyska

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

Fadlan calaamadee meelaha walaaca kaa haysta adiga/qoyskaaga ee gurigaaga.

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

Xubin ka tirsan guriga ayaa leh naafo ama wuxuu leeyahay xaalad caafimaad oo joogto ah oo jireed ama maskaxeed iyo waa:

Unable to engage in work/school/family life

Ma awoodi karo ka qaybgalka shaqada/iskuulka/nolosha qoyska

Somewhat able to engage in work/school/ family life

Ma awoodi karo ka qaybgalka shaqada/iskuulka/nolosha qoyska

Mostly able to engage in work/school/family life

Ma awoodi karo ka qaybgalka shaqada/iskuulka/nolosha qoyska

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

Waalidka/mas'uulka ilmaha ayaa leh dhibaatooyin waxbarasho, naafo ma leh

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

Rabshadaha gudaha guriga (hore ama hadda), oo ay ku jirto xilliga uurka

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

Welwelka daroogada/alkolada guriga ama isticmaalka walaxda/si xun u isticmaalka (hore ama hadda), oo ay ku jiraan ilmo galeenka

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

Qoyska ayaa bulsho ahaan go'doon ah, iyadoo xiriirka dadka kale uu gebi ahaanba ama ku dhawaad gebi ahaanba ka maqan yahay

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

Waalidka/mas'uulka ilmaha ayaa leh dhibaatooyin waxbarasho, naafo ma leh

Family has legal concerns

Qoyska wuxuu leeyahay arrimo sharci

Child has a family member who attended Indian Boarding School

Ilmaha wuxuu leeyahay xubin qoys oo ka qayb galay Dugsiga Boarding-ka Hindiya

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

Waalidka/mas'uulka ilmaha waa shaqaale socdaal ama xilliyeed, iyadoo in ka badan kala bar dakhliga qoyska uu ka yimaado shaqada beeraha

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

Waalidka iyo ilmaha ayaa u guuray si ay uga qayb qaataan dhaqamada dhaqameed ee qoyska ama shaqooyinka (xilliyeed ama ku meel gaar ah oo beeraha ama kalluumaysiga)

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

Waalidka/mas'uulka ilmaha waa/ waa la xiray inta uu ilmaha nool yahay

Loss of a parent (death, abandonment)

Luminta waalid (geeri, ka tagid)

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

Waalidiinta/mas'uuliyiinta ilmaha ayaa furay ama kala tagay inta uu ilmaha nool yahay

Family was previously homeless (in the last 12 months)

Qoyska hore u ahaa dad aan guri lahayn (12-kii bilood ee la soo dhaafay)

Family has concerns with housing

Qoyska wuxuu ka walaacsan yahay hoyga

None/ Midna Ma Jiro



Child's First Name:

Magaca Koowaad ee Ilmaha:

Child's Last Name:

Magaca Dambe ee Ilmaha:

Family Living Situation/ Xaaladda Noloshada Qoyska

Does this household receive subsidized housing such as a housing voucher or cash assistance for housing? Yes No
Qoyskani ma helaa guryo la kabo sida foorjarka guriyeynta ama kaalmada lacagta caddaanka ah ee guryaha? Haa Maya

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./**

Waa maxay xaaladda guriyeynta qoyskaaga hadda? **Sharciga McKinney-Vento wuxuu bixiyaa adeegyo iyo taageero carruurta iyo dhallinyarada la kulmaya hoy la'aan. Jawaabahaaga waxay naga caawin karaan inaan go'aamino adeegyada ilmahaaga laga yaabo inuu u qalmo inuu helo.**

Own/ Milkiyad

Rent/ Kireysi

In a motel/ Huteelka dhexdiisa

In a shelter/ IN hoy

A car, park, campsite,
or similar location

Gaari, beerta, goob-camping,
ama meel la mid ah

Temporary Military Housing/ Hoy Ciidan Ku-meel-gaar ah

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

Guriga ama guri-kiraynta qof kale oo la joogo qoys kale (door mid ka mid ah xulashooyinka hoose):

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

➤ Si ikhtiyaar ah (tusaale, si loo wadaago masuuliyadaha, si qoyska loogu dhowra, iwm.)

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

➤ Sababo la xiriira luminta hoyga, dhibaato dhaqaale, ama sabab la mid ah

Transitional Housing/ Hoy Ciidan Ku-meel-gaar ah

Moving from place to place/couch surfing

U guurista meel ilaa meel/sariir ku dul-socod

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

➤ Guri aan ku filnayn (biyo, kulayl, koronto lahayn)

Other – Please describe:/ Haa – Fadlan sharax:



Early Learning Application 2026-2027/ Codsiga Barashada Hore 2026-2027

Child's First Name:

Magaca Koowaad ee ilmaha:

Child's Last Name:

Magaca Dambe ee ilmaha:

Family Income and Family Size/ Dakhliga Qoyska iyo Tirada Qoyska

Does a parent/guardian in your household pay legally binding child support to another household? Yes No

Ma waalid/mas'uul ka tirsan gurigaaga bixiya taageero carruur oo sharci ahaan ku qoran guriga kale? Haa Maya

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./

Calaamadee dhammaan kuwa khuseeya haddii adiga, ilmahan, ama qof kale oo gurigaaga ku nool oo xiriir dhiig, guur, ama korsasho leh uu helo noocyadan Taageerada Dadweynaha.

SSI for disability received by: Child Parent/Guardian Other – Relationship to child:

SSI ee naafada waxaa helay: Ilmo Waalidka/Masuulka Mid kale - Xiriirka ilmaha:

Temporary Assistance for Needy Families (TANF) cash Child-only TANF

Taageerada Lacagta ee Qoysaska Danyarta (Temporary Assistance for Needy Families, TANF) TANF kaliya ilmaha

Basic Food (SNAP/FAP) WorkFirst Working Connections Child Care subsidy WIC None

Cunto aasaasi ah (SNAP/FAP) WorkFirst Kaalmada Daryeelka Carruurta ee Working Connections WIC

Midna ma jiro

Were you referred to this program

by an agency? No

Ma hay'ad ayaa kuu gudbisay barnaamijkan? Yes - Name:/ Magaca Koowaad:

Maya

How did you find out about this program?/ Sidee ayaad ku ogaatay barnaamijkan?



Early Learning Application 2026-2027/ Codsiga Barashada Hore 2026-2027

Child's First Name:

Magaca Koowaad ee ilmaha:

Child's Last Name:

Magaca Dambe ee ilmaha:

Please list all people living in this child's primary household/

Fadlan qor dhammaan dadka ku nool guriga ugu muhiimsan ee ilmahan

Name (First and Last)/ Magaca (Magaca Hore iyo Magaca Dambe)	Birthdate (month/day/year)/ Taariikhda Dhalashada (bil/maalin/sano)	Relationship to child/ Xiriirka uu/ay la leeyahay ilmaha		
Applying Child:/ Ilmaha Codsanaya:		Applying Child/ Ilmaha Codsanaya	Yes/ Haa	Yes/ Haa
			Are you the applying child's biological or adoptive parent?/ Ma adigaa waalidka dhalashada ama korsashada ee ilmaha codsanaya?	If no, are you married to the parent/guardian of the applying child?/ Haddii maya, ma guursan tahay waalidka/mas'uulka ilmaha codsanaya?
Parent/Guardian: Macluumaadka Waalidka/Ilmaha Mas'uulka ah:		Parent/Guardian Macluumaadka Waalidka/Ilmaha Mas'uulka ah	Yes No <input type="checkbox"/> Haa <input type="checkbox"/> Maya	Yes No <input type="checkbox"/> Haa <input type="checkbox"/> Maya
Parent/Guardian: Macluumaadka Waalidka/Ilmaha Mas'uulka ah:		Parent/Guardian Macluumaadka Waalidka/Ilmaha Mas'uulka ah	Yes No <input type="checkbox"/> Haa <input type="checkbox"/> Maya	Yes No <input type="checkbox"/> Haa <input type="checkbox"/> Maya
Additional household members:/ Xubnaha kale ee guriga:			Is this person financially supported by parent/guardian of child?/ <input type="checkbox"/> Ma qofkan wuxuu ka helo taageero dhaqaale waalidka/mas'u ulka ilmaha?	Is this person related to parent/guardian of child by blood, marriage, or adoption?/ <input type="checkbox"/> Qofkan ma xiriir baa la leeyahay waalidka/mas'uulka ilmaha oo dhiig, guur, ama korsasho ah?
			Yes No <input type="checkbox"/> Haa <input type="checkbox"/> Maya	Yes No <input type="checkbox"/> Haa <input type="checkbox"/> Maya



Early Learning Application 2026-2027/ Codsiga Barashada Hore 2026-2027

Child's First Name:

Magaca Koowaad ee Ilmaha:

Child's Last Name:

Magaca Dambe ee Ilmaha:

Name (First and Last)/ Magaca (Magaca Hore iyo Magaca Dambe)	Birthdate (month/day/ year)/ Taariikhda Dhalashada (bil/maalin/sano)	Relationship to child/ Xiriirka uu/ay la leeyahay ilmaha		
			Yes No <input type="checkbox"/> Haa <input type="checkbox"/> Maya	Yes No <input type="checkbox"/> Haa <input type="checkbox"/> Maya
			Yes No <input type="checkbox"/> Haa <input type="checkbox"/> Maya	Yes No <input type="checkbox"/> Haa <input type="checkbox"/> Maya
			Yes No <input type="checkbox"/> Haa <input type="checkbox"/> Maya	Yes No <input type="checkbox"/> Haa <input type="checkbox"/> Maya
			Yes No <input type="checkbox"/> Haa <input type="checkbox"/> Maya	Yes No <input type="checkbox"/> Haa <input type="checkbox"/> Maya



Early Learning Application 2026-2027/ Codsiga Barashada Hore 2026-2027

Child's First Name:

Child's Last Name:

Magaca Koowaad ee Ilmaha:

Magaca Dambe ee Ilmaha:

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./

Waxaan ballan qaadayaa in macluumaadka ku jira foomkan uu yahay mid run ah oo sax ah. Waxaan leeyahay awoodda aan ilmahan ku diiwaangeliyo waxaana soo sheegi doonaa dhammaan dakhligayga iyo tirada qoyska, sida ay ku qeexan tahay Barnaamijyada Barashada Hore. Haddii aan si ula kac ah u bixiyo macluumaad khaldan, waxaan fahamsanahay in qoyskaygu laga yaabo in aanu sii wadi karin adeegyada barnaamijka. Intaa waxaa dheer, haddii ilmahaygu ku diiwaan gashan yahay ECEAP, waxaa laga yaabaa inaan dib u bixiyo lacagta lagu kharash gareeyay ilmahayga.

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: /

Waxaan fahamsanahay in macluumaadka ka soo baxay codsigan lagu geliyo keydyo xogeedyo kala duwan oo Barashada Hore ah kuwaas oo ay maamulaan Waaxda Carruurta, Dhallinyarada, iyo Qoysaska (Department of Children, Youth, and Families, DCYF) iyo Degmada Adeegga Waxbarashada Puget Sound (Puget Sound Educational Service District, PSESD). DCYF iyo PSESD waxay ka go'an tahay ilaalinta macluumaadka qarsoodiga ah iyo kan shakhsiga ah ee lagu garto ilmaha ama qoyska. Ma jiro wax macluumaad ah oo la xiriira xaaladda socdaalka lagu geliyo keydka xogeed ama lala wadaago hay'adaha gobolka ama federaalka. Macluumaadka ku jira keydka xogeed waxaa loo isticmaali karaa ujeedooyinka soo socda:

- *Research studies to determine if participating in Early Learning helps children later in life.*
Daraasado cilmiyeed si loo ogaado haddii ka qaybgalka Barashada Hore uu ilmaha ka caawiyo nololsha dambe.
- *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.*
Si loo caddeeyo in Gobolka Washington uu kharash gareeyo qaar ka mid ah lacagtiisa barnaamijyada qoysaska, taasoo looga baahan yahay si loogu helo Lacagta Kaalmada Ku-meel-gaarka ah ee Qoysaska Baahiyaha Leh ee Dowladda Federaalka.

Parent/Guardian Signature _____ **Date** _____

Saxiixa Waalidka/Kaalayaha _____ **Taariikh** _____

(ECEAP Staff: Enter this date in ELMS)/ Shaqaalaha (Barnaamijka Waxbarashada Carrurnimada Hore iyo Caawinta (Early Childhood Education and Assistance Program, ECEAP): Geli taariikhda Nidaamka Maareynta Barashada Hore (Early Learning Management System, 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)

