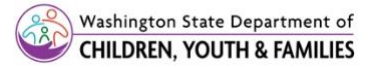




CENTRALIA COLLEGE EARLY LEARNING PROGRAMS



PRE-ENROLLMENT FORM

Date: _____

Do you need an Interpreter? YES NO

CHILD'S NAME: _____

CHILD'S DATE OF BIRTH: _____

Boy Girl

Parent/Guardian 1: _____

Birth Date: _____

Home/Cell# _____

Address: _____

Employer: _____

Employer Phone #: _____

How many hours a week do you work? _____

Parent/Guardian 2: _____

Birth Date: _____

Home/Cell# _____

Address: _____

Employer: _____

Employer Phone #: _____

How many hours a week do you work? _____

Is it ok to TEXT you? YES NO

Child's first Language? _____

Secondary Language? _____

Is your child Hispanic? YES NO

Ethnicity: _____ Race: _____

Does your child have an IEP? YES NO

Does your child have a suspected delay? YES NO

Is your child potty trained? YES NO

Child lives with? _____

Is this child in Foster Care? YES NO

WHAT ECEAP SITE DO YOU PREFER: please circle

Centralia Chehalis PeEll

Onalaska Winlock Boistfort

3 Year old Preschool (3 years by August 31, 2019)

AM PM School Day Working Day

4 Year old Preschool (4 years by August 31, 2019)

AM PM School Day Working Day

School Day 7 hours per day

Working Day up to 10 hours per day (must meet Requirements).

Childcare Only Childcare/ECEAP

Childcare Open 7:30 am to 5:30 pm weekdays

Do you have childcare **Subsidy**? YES NO

Private Pay? YES NO Are you a college

student? YES NO Major: _____

Days and hours needed:

M ___ T ___ W ___ TH ___ F ___

12 months – 24 months Waddlers

24 months – 36 months Toddler

Child's Doctor: _____

Child's Dentist: _____

Health/Dental Insurance: _____

Was your child premature? YES NO Weeks: _____

Medical Conditions: _____

Known Allergies? YES NO

PLEASE call 360-623-8950 (Spanish-360-623-8416) if your information changes after you complete this form.

ECEAP ONLY:

Number of people living in household supported by parent/guardian: _____

Is this child in Kinship care or living with a Guardian? YES NO

Did your family receive income during the last calendar year or during the previous 12 months? YES NO

If YES, what was your family's adjusted gross income? _____ Has your income changed? YES NO

Is this child currently homeless? YES NO **If YES**, is the child living with someone other than his or her parent?
 YES NO

Additional Questions (*We use this information to **Prioritize** children who most need ECEAP. All responses are confidential*).

Has this child been homeless within the last 12 months? YES NO

Does this child have a parent who is developmentally or physically disabled? YES NO

Does this child have a parent currently on active duty in the U.S. Military? YES NO

Does this child have a parent who is currently or was recently deployed to a combat zone? YES NO

Does this child have a parent who is incarcerated in jail, prison or a detention center? YES NO

Does this child have a parent experiencing mental health issues (including maternal depression)? YES NO

Does this child have a parent who was under age 18 when this child was born? YES NO

Does this child have a parent who is a migrant worker? YES NO

Has this child's family received services from Child Protective Services (CPS) or similar Indian Child Welfare (ICW) Services in the past or currently? YES NO

Has this child's family ever experienced domestic violence? YES NO

Does this child's family struggle with substance abuse issues? YES NO

Does this family have a support system outside of the household? YES NO

ECEAP received a professional referral for this family? YES NO

If yes, which agency made the referral? YES NO

Do you need **transportation for your child to be able to attend school?** YES NO

What was the highest grade completed for Parent #1 _____ Parent #2 _____

NOTES:

Initials of staff _____

Date in ELMS: _____