CENTRALIA COLLEGE EARLY LEARNING PROGRAMS
PRE-ENROLLMENT FORM

Date:_____________________________________

Do you need an Interpreter? ☐ YES ☐ NO

CHILD’S NAME: ___________________________

WHAT ECEAP SITE DO YOU PREFER: please circle

CHILD’S DATE OF BIRTH:____________________

Centralia  Chehalis  PeEll
Onalaska  Winlock  Boistfort

Boy ☐ Girl ☐

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

Parent/Guardian 1:_________________________

☐ AM ☐ PM ☐ School Day ☐ Working Day

Birth Date:________________________________

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

Home/Cell#________________________________

Childcare Only ☐ Childcare/ECEAP ☐

Address:__________________________________

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

Employer:_________________________________

School Day 7 hours per day

Employer Phone #:_________________________

Working Day up to 10 hours per day (must meet

How many hours a week do you work?________

Requirements).

Parent/Guardian 2:_________________________

Childcare Only ☐ Childcare/ECEAP ☐

Birth Date:________________________________

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

Home/Cell#________________________________

Private Pay? ☐ YES ☐ NO  Are you a college

Address:__________________________________

Child’s a college student? ☐ YES ☐ NO  Major:______________

Employer:_________________________________

Employer Phone #:_________________________

Days and hours needed:

Parent/Guardian 2:_________________________

M____T_____W_____TH_____F_____

Child’s first Language?_______________________

12 months – 24 months  Waddlers

Secondary Language?_________________________

24 months – 36 months  Toddler

Is your child Hispanic? ☐ YES ☐ NO

Child’s Doctor: ____________________________

Is your child Hispanic? ☐ YES ☐ NO

Ethnicity: ___________Race:_________________

Does your child have an IEP? ☐ YES ☐ NO

Health/Dental Insurance: ____________________

Does your child have a suspected delay? ☐ YES ☐ NO

Was your child premature? ☐ YES ☐ NO Weeks:____

Is your child potty trained? ☐ YES ☐ NO

Medical Conditions:__________________________

Child lives with? ____________________________

Known Allergies? ☐ YES ☐ NO

Is this child in Foster Care? ☐ 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:______________

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