STUDENT FILE CHECKLIST:

- Preschool Pre-Enrollment Form
- ECEAP Application (if ECEAP)
- Child and Adult Care Food Program/Enrollment, Income-Eligibility Application
- Emergency Contact Information
- Child Health Information
- Medical Release Form
- Dental Release Form
- Preschool Transportation Agreement
- Reporting Suspected Abuse and Neglect
- Ethnicity and Race Data Collection Form
- Home Language Survey
- General Permission Slip
- Local Field Trip Permission Slip
- McKinney Vento Program Intake Form
- Student Housing Questionnaire
- Early Achievers Parent/Guardian Consent for On-Site Evaluation
- Military Parent or Guardian Affiliation Form
- Parent Notification/Court Order
- Things to Remember
- Immunization records
- Birth certificate
- TANF or Washington Food Program documentation
- Medical/Dental card/insurance
- Copy of income verification for the past YEAR/12 months (W2s, Income Tax Return)
- Records of additional income such as Social Security, TANF cash benefits, foster care grant, self-employment, court order child support, or any other type of income.
- Ages & Stages Questionnaire (ASQ)
- Well Child Documentation
- Dental Visit Documentation
- Height, Weight, Hearing & Vision Screenings
- IEP cover sheet (if IEP)
- Health Plan (if on health plan completed by school nurse)
- Allergies
- Custody or Court Order documents
- Documentation of Parent/Teacher Conferences 3x/year; Individual learning goals with parent signature.
- Copies of work samples, or any other documents sent home with conferences (signature).

**Remember, what is done for one student needs to be done for all, regardless of whether the student is ECEAP or not.**

Updated 3/12/18
STAFF FILE CHECKLIST

☐ Confidential Emergency Information/Staff
☐ Health Plan (if needed)
☐ Doctor’s notes (if necessary)
☐ Flag allergies (if necessary)
☐ Court order documentation (if necessary)
☐ Application
☐ Resume
☐ Transcripts
☐ Paraprofessional Test Certification
☐ Portable Background Check (DEL)
☐ Food Handler Permit
☐ Adult, Child & Infant CPR
☐ Adult, Child & Infant First Aid
☐ TB Test
☐ HIV/Bloodborne Pathogens Training
☐ Disaster Preparedness Training
☐ District Safety Training
☐ Mandatory Reporting Training
☐ Documentation of Center Orientation
☐ Professional Development Plan (if needed)
☐ Copies of any training/conference certificates
☐ Copies of evaluations
PARTNERS IN PRESCHOOL PRE-ENROLLMENT FORM

CHILD'S NAME:

First       Middle       Last

CHILD'S DATE OF BIRTH: ____________________________

SEX: Male Female

MAILING ADDRESS: ________________________________

______________________________

PHYSICAL ADDRESS: ______________________________

______________________________

HOME PHONE: ________________________________

CELL PHONE: ________________________________

Is it ok to text? YES NO

WORK PHONE: ________________________________

EMAIL: ________________________________

HOME LANGUAGE: (Primary) ________________________________

(Secondary) ________________________________

Do you require an interpreter? YES NO

Please Bring the Following Information to Your Enrollment Appointment:

- Immunization Records
- A copy of your child’s birth certificate (or foster care authorization letter)
- TANF or Washington Food Program case number (if you have one)
- Documentation of your child’s last well child and dental exams
- Medical and dental card/insurance
- Verification of income for the past year (W2s, Income Tax Returns)
- Records of additional income such as Social Security, TANF cash benefits, foster care grant, self employment, court order child support, or any other type of income.

Please Return This Form To:
South Bend Early Learning Center
PO Box 437 South Bend, WA 98586 or to your home district.

WHAT SCHOOL DISTRICT DO YOU PREFER:
South Bend
Raymond
Willapa Valley

WHAT PROGRAM BEST FITS YOUR CHILD'S AGE:
4 Year Old Preschool (4yo by Aug 31, 2019)
AM
PM
Full Day (Eligibility Restrictions Apply)

3 Year Old Preschool (3yo by Aug 31, 2019)
AM
PM

Junior Preschool (30 months between Sept 1, 2019 and Aug 31, 2020)

Playgroup
Child Find/Early Intervention Programs

I would like more information on programs available for pregnancy to 3 years old.

Has this child or other children in your home been enrolled with us previously?
YES NO

If yes, what child/ren were enrolled:
Name/s: ________________________________
Year/s: ________________________________
School District: South Bend Raymond Valley

IF AVAILABLE, WILL YOUR STUDENT REQUIRE DISTRICT TRANSPORTATION:
YES NO

PLEASE NOTE: Indicating program interest and/or preference does NOT guarantee your child automatic enrollment in the indicated program or time slot. Rosters will be available in August, approximately two weeks prior to the start of school.

For questions, please call: (360)875-5327 opt #1

CHILD RESIDES WITH (Check Only One):
Both Parents  
Mother Only  
Father Only  
Mother & Step Father  
Father & Step Mother  
Foster Parents  
Grandparents or other Kinship Care  
Other: ____________________________

**MOTHER/GUARDIAN’S NAME:** ____________________________

**FATHER/GUARDIAN’S NAME:** ____________________________

**Does one household have primary legal custody?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**If yes, which parent has primary custody?**

__________

**SPOUSE NAME OF PARENT W/PRIARY CUSTODY:**

N/A

**Has your child been recently adopted?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**Did your family receive income during the last calendar year or during the previous 12 months?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**If yes, what was your family’s GROSS ANNUAL INCOME?**

__________

**Do you still receive the income above?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**Please list EVERYONE living in the child’s household:**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Gender</th>
<th>Relationship to Child</th>
<th>Age, if under 19</th>
<th>Birthdate, if under 5</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

**MEDICAL HOME:** ____________________________

**DATE OF LAST WELL CHILD EXAM:** ____________________________

**DENTAL HOME:** ____________________________

**DATE OF LAST DENTAL EXAM:** ____________________________

**ALLERGIES:** ____________________________

Please list some of your child’s strengths and needs:

**Strengths:**

__________

__________

__________

__________

__________

**Needs:**

__________

__________

__________

__________

__________

**ADDITIONAL QUESTIONS:**

**Is your child an English Language Learner?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**Is your child currently on an individualized learning plan (IEP) or individualized family service plan (IFSP)?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**Has your child been homeless within the past 12 months?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**Has anyone in your family been deployed to a combat zone within the past year?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>
## 2020 ECEAP Income Eligibility Limits

Federal Poverty Level (FPL) - Effective for ECEAP February 1, 2020

<table>
<thead>
<tr>
<th>Annual Income</th>
<th>Family Size</th>
<th>100% FPL</th>
<th>110% FPL ECEAP Limit</th>
<th>130% FPL</th>
<th>185% FPL</th>
<th>200% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>$12,760</td>
<td>$14,036</td>
<td>$16,588</td>
<td>$23,606</td>
<td>$25,520</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>$17,240</td>
<td>$18,964</td>
<td>$22,412</td>
<td>$31,194</td>
<td>$34,480</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>$21,720</td>
<td>$23,892</td>
<td>$28,236</td>
<td>$40,182</td>
<td>$43,440</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>$26,200</td>
<td>$28,820</td>
<td>$34,060</td>
<td>$48,470</td>
<td>$52,400</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>$30,680</td>
<td>$33,748</td>
<td>$39,884</td>
<td>$56,758</td>
<td>$61,360</td>
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<tr>
<td></td>
<td>6</td>
<td>$35,160</td>
<td>$38,676</td>
<td>$45,708</td>
<td>$65,046</td>
<td>$70,320</td>
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<tr>
<td></td>
<td>7</td>
<td>$39,640</td>
<td>$43,604</td>
<td>$51,532</td>
<td>$73,334</td>
<td>$79,280</td>
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<tr>
<td></td>
<td>8</td>
<td>$44,120</td>
<td>$48,532</td>
<td>$57,356</td>
<td>$81,622</td>
<td>$88,240</td>
</tr>
<tr>
<td></td>
<td>For each additional family member add:</td>
<td>$4,480</td>
<td>$4,928</td>
<td>$5,824</td>
<td>$8,288</td>
<td>$8,960</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monthly Income</th>
<th>Family Size</th>
<th>100% FPL</th>
<th>110% FPL ECEAP Limit</th>
<th>130% FPL</th>
<th>185% FPL</th>
<th>200% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>$1,063</td>
<td>$1,169</td>
<td>$1,382</td>
<td>$1,967</td>
<td>$2,126</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>$1,437</td>
<td>$1,581</td>
<td>$1,868</td>
<td>$2,658</td>
<td>$2,874</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>$1,810</td>
<td>$1,991</td>
<td>$2,353</td>
<td>$3,349</td>
<td>$3,620</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>$2,183</td>
<td>$2,401</td>
<td>$2,838</td>
<td>$4,039</td>
<td>$4,366</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>$2,557</td>
<td>$2,813</td>
<td>$3,324</td>
<td>$4,730</td>
<td>$5,114</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>$2,930</td>
<td>$3,223</td>
<td>$3,809</td>
<td>$5,421</td>
<td>$5,860</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>$3,303</td>
<td>$3,693</td>
<td>$4,294</td>
<td>$6,111</td>
<td>$6,606</td>
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<tr>
<td></td>
<td>8</td>
<td>$3,677</td>
<td>$4,045</td>
<td>$4,780</td>
<td>$6,802</td>
<td>$7,354</td>
</tr>
<tr>
<td></td>
<td>For each additional family member add:</td>
<td>$373</td>
<td>$411</td>
<td>$485</td>
<td>$691</td>
<td>$747</td>
</tr>
</tbody>
</table>

### 2019-2020 ECEAP Age Eligibility

- 3-year-olds must have been born between 9/1/2015 and 8/31/2016
- 4-year-olds must have been born between 9/1/2014 and 8/31/2015

### 2020-2021 ECEAP Age Eligibility

- 3-year-olds must have been born between 9/1/2016 and 8/31/2017
- 4-year-olds must have been born between 9/1/2015 and 8/31/2016
Raymond School District

Student Registration Form

School __________________________ Today’s Date __________________________

Student Information

<table>
<thead>
<tr>
<th>Legal Last Name</th>
<th>Legal First Name</th>
<th>Legal Middle Name</th>
<th>Also known as</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Birthdate (M/D/Y)</th>
<th>Gender (M/F)</th>
<th>Birthplace: City</th>
<th>State</th>
<th>Country</th>
<th>Grade Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Has your child ever been in programs such as:

- [ ] Highly Capable
- [ ] Special Education
- [ ] English Language Learner
- [ ] Occupational Therapy
- [ ] 504 Accommodation
- [ ] Physical Therapy
- [ ] Speech/Language
- [ ] Other ________________________________

Is the student’s parent/guardian currently in the military? If Yes:

- [ ] No
- [ ] Yes: ________________________________

Number of parents/guardians currently in the military: ________

Ethnic Code: The district is required to report the following information to the state.
(Categories are determined by the state and federal government).

**Question 1:** Is your child of Hispanic or Latino origin? (Check all that apply)

- [ ] Not Hispanic/Latino
- [ ] Cuban
- [ ] Dominican
- [ ] Spanish
- [ ] Puerto Rican
- [ ] Mexican/Mexican American/
- [ ] Chicano
- [ ] Central American
- [ ] South American
- [ ] Latin American
- [ ] Other Hispanic/Latino

**Question 2:** What race do you consider your child? (Check all that apply)

- [ ] African American/Black
- [ ] Asian Indian
- [ ] Cambodian
- [ ] Chinese
- [ ] Filipino
- [ ] Hmong
- [ ] Indonesian
- [ ] Japanese
- [ ] Korean
- [ ] Laotian
- [ ] Malaysian
- [ ] Panamanian
- [ ] Pakistani
- [ ] Singaporean
- [ ] Taiwanese
- [ ] Thai
- [ ] Vietnamese
- [ ] Other Asian
- [ ] Native Hawaiian
- [ ] Fijian
- [ ] Guamanian or Chamorro
- [ ] Mariana Islander
- [ ] Melanesian
- [ ] Micronesian
- [ ] Samoan
- [ ] Tongan
- [ ] Other Pacific Islander
- [ ] Alaska Native
- [ ] Chehalis
- [ ] Colville
- [ ] Cowitz
- [ ] Hoh
- [ ] Jamestown
- [ ] Kalispel
- [ ] Lower Elwha
- [ ] Lummi
- [ ] Makah
- [ ] Muckleshoot
- [ ] Nisqually
- [ ] Nooksack
- [ ] Port Gamble Klallam
- [ ] Puyallup
- [ ] Quileute
- [ ] Quinault
- [ ] Samish
- [ ] Sauk-Suiattle
- [ ] Shoalwater
- [ ] Skokomish
- [ ] Snoqualmie
- [ ] Spokane
- [ ] Squaxin Island
- [ ] Stillaguamish
- [ ] Suquamish
- [ ] Swinomish
- [ ] Tulalip
- [ ] Yakama
- [ ] Other Washington Indian
- [ ] Other American Indian

Previous School Information

Number of previous schools attended: ________

Last school student attended (include year, grade and address of former school):

______________________________

Has your child ever enrolled in a school or schools in Washington state?

- [ ] Yes  [ ] No  If yes, what school(s) and year(s) attended?

Has your child ever attended Raymond School District (including CVA or Pre-school)?

- [ ] Yes  [ ] No  If yes, what school and year(s) attended?

For Office Use Only

<table>
<thead>
<tr>
<th>School Entry Date</th>
<th>Advisor Name</th>
<th>Student ID #</th>
<th>B/O Verified Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
### Primary Household Information – Resident Address – where student resides

<table>
<thead>
<tr>
<th>Street</th>
<th>Apt #</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Housing Development (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address (if different from above)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street</td>
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<tr>
<td>--------</td>
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<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Primary Phone: (________)</th>
<th>□ Check if unlisted</th>
<th>□ Home</th>
<th>□ Cell</th>
<th>□ Work</th>
<th>□ Other</th>
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</table>

#### Parent/Guardian #1

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Employer</th>
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<tbody>
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<table>
<thead>
<tr>
<th>□ Mother</th>
<th>□ Father</th>
<th>□ Stepmother</th>
<th>□ Stepfather</th>
<th>□ Other</th>
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<thead>
<tr>
<th>Phone 2: (________)</th>
<th>□ Home</th>
<th>□ Cell</th>
<th>□ Work</th>
<th>□ Other</th>
</tr>
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<thead>
<tr>
<th>Phone 3: (________)</th>
<th>□ Home</th>
<th>□ Cell</th>
<th>□ Work</th>
<th>□ Other</th>
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<table>
<thead>
<tr>
<th>Email Address:</th>
<th></th>
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</table>

#### Parent/Guardian #2

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Employer</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>□ Mother</th>
<th>□ Father</th>
<th>□ Stepmother</th>
<th>□ Stepfather</th>
<th>□ Other</th>
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<thead>
<tr>
<th>Phone 2: (________)</th>
<th>□ Home</th>
<th>□ Cell</th>
<th>□ Work</th>
<th>□ Other</th>
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<table>
<thead>
<tr>
<th>Phone 3: (________)</th>
<th>□ Home</th>
<th>□ Cell</th>
<th>□ Work</th>
<th>□ Other</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Email Address:</th>
<th></th>
</tr>
</thead>
</table>

### Second Household Mailing Information

<table>
<thead>
<tr>
<th>Street</th>
<th>Apt #</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Housing Development (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address (if different from above)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street</td>
</tr>
<tr>
<td>--------</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Phone: (________)</th>
<th>□ Check if unlisted</th>
<th>□ Home</th>
<th>□ Cell</th>
<th>□ Work</th>
<th>□ Other</th>
</tr>
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</tbody>
</table>

#### Parent/Guardian #3

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Employer</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>□ Mother</th>
<th>□ Father</th>
<th>□ Stepmother</th>
<th>□ Stepfather</th>
<th>□ Other</th>
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<thead>
<tr>
<th>Phone 2: (________)</th>
<th>□ Home</th>
<th>□ Cell</th>
<th>□ Work</th>
<th>□ Other</th>
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<tr>
<th>Email Address:</th>
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#### Parent/Guardian #4

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Employer</th>
</tr>
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<th>□ Other</th>
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<table>
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<tr>
<th>Email Address:</th>
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</table>

Verification of Information: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student’s enrollment or assignment to a school in Raymond School District.

Legal Parent/Guardian Signature  

Date
Early Learning

The Early Learning Education and Assistance Program

What Does ECEAP Mean?

Elizabth J. Williams
Angela Wammon

Who Are the Home to

Family Connections

For more information, please contact the

Early Learning Center

South Bend ECEAP

About

The Quick Start Program is funded by the Department

of Early Learning in Olympia.

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of Early Learning in Olympia.
So what can I expect being in ECEAP?

Your child is enrolled in the best preschool program possible. ECEAP is funded by the state's Department of Early Learning and we are obligated by law to provide a high quality education for your child as they get ready to go to kindergarten. Our teachers and staff are highly qualified and attend trainings often to make sure they are constantly learning about what is best for children's learning.

Secondly, you can expect to experience a year where you will build a strong relationship with your child's teacher and other staff at the Early Learning Center. We work hard to make sure the center is a family friendly place. We welcome you to visit your child's classroom at any time, and the staff who are not in the classroom will enjoy visiting with you also.

How will the staff stay in touch with me?

About once a month a Home Visitor (often referred to as "Family Support") will make contact with you to see how things are going for your family.

Their contact with you will be by phone and pre-planned visits. Visits can be done in your home, at McDonald's, at the school, or anywhere else that is comfortable for you.

What do they want to talk to me about?

Family support staff will let you know of upcoming events at the school or in the community, and they will visit with you about your child's health and dental news. They will also provide you with fun activities you can do at home with your children such as making play dough or inexpensive, healthy snacks.

Are there things I am required to do?

- We'll ask you to take your child to the doctor for a well-child exam. We want all children to enter kindergarten as healthy as possible, and that starts with a good examination by the doctor.

- If your child has any dental concerns we will ask you to take him/her to the dentist for treatment. Children with cavities are often in pain and are not able to concentrate on learning. This could potentially put them behind their classmates in learning to read, do math, and all the other activities they will work on in kindergarten.

- We'll ask you to interact with your home visitor. Their job is to assist you with making connections to school and community providers of health, dental, and other social services.
EMERGENCY CONTACT INFORMATION

Child's Name ____________________________________________

Parent Names __________________________________________

Home Address __________________________________________

Primary Telephone ________________________________

Cell Phone Number(s)  Parent #1- ___________________________ Relationship ___________________________

Parent #2 - ___________________________ Relationship ___________________________

Parent's Place of Employment Telephone Number Additional Information

Parent #1 ___________________________ ___________________________

Parent #2 ___________________________ ___________________________

Persons authorized to pick up your child without a note or phone call from you and/or emergency contacts in case you cannot be reached. (Must be local for emergencies)

Name ___________________________ Relationship ___________________________

Phone – home ___________________________ Phone – other ___________________________

Physical Address ___________________________ City ___________________________

Name ___________________________ Relationship ___________________________

Phone – home ___________________________ Phone – other ___________________________

Physical Address ___________________________ City ___________________________

Name ___________________________ Relationship ___________________________

Phone – home ___________________________ Phone – other ___________________________

Physical Address ___________________________ City ___________________________

Interviewer: Did you explain about identification requests for above named persons and did you explain about notes and telephone calls prior to changes whenever possible? Initial __

Do you have legal custody of this child? Yes No Joint NA

What is the name of the non-custodial or joint custodial parent? ___________________________________________

Where does he/she live? ___________________________
Is there anyone who should not have contact with your child?  

Yes  No

If yes, whom? (name & relationship) ________________________________

Description(s) ______________________________________________________________________

Is there a restraining order?  
Yes  No  If yes, we need a copy on file.

If no restraining order is in place, what do you want us to do if contact is attempted?

____________________________________________________________________________________

Interviewer: If this question is answered yes, please read the following statement to the parent:

We cannot legally prevent a non-custodial parent from contacting or removing their child from the center. We will do our best to stall the person while we attempt to contact you, but we cannot stop them. When there is a restraining order in place we will do our best to comply with the order, but we will not participate in a tug of war with the child. The best we may be able to do is to call 911 and observe where the person went, what their vehicle looked like, and other important information.

Emergency Medical Information

Family Doctor __________________________  Medical Insurance __________________________

Group or Policy number___________________  Policy holder’s name________________________

Family Dentist __________________________  Dental Insurance __________________________

Group or Policy number___________________  Policy holder’s name________________________

Does this child have allergies?  
Yes  No  If yes, what? __________________________

In case of an emergency, we will do our best to contact parents or guardians followed by your emergency contacts. If we cannot reach you, we will proceed as instructed by emergency medical personnel. Are there specific instructions in case of an emergency relating to the treatment of your child?

____________________________________________________________________________________

____________________________________________________________________________________

Student’s Name __________________________

Birth date __________________________

In case of an emergency, staff will call 911.

If the need for treatment is urgent, I authorize Early Learning Center staff to take action to do what they consider timely, reasonable, and to the best of their abilities. Staff is authorized to seek treatment through contacting a local doctor, dentist, or hospital, and have the authority in my absence to authorize emergency transportation, surgery or other procedures as deemed necessary.

________________________________________  
Signature of Parent or Guardian  

Date __________________________

Revised 1/13

form 4
### Child and Adult Care Food Program

#### ENROLLMENT/INCOME-ELIGIBILITY APPLICATION

**PART 1 – CHILDREN'S INFORMATION** — Required for all children in care.

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Birthdate</th>
<th>Age</th>
<th>Circle Normal Days/Print Normal Hours of Care</th>
<th>Circle Meals and Snacks Normally Received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sun Mon Tu Wed Th Fri Sat Normal Hours to</td>
<td>Breakfast A.M. Snack Supper Lunch Eve. Snack</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sun Mon Tu Wed Th Fri Sat Normal Hours to</td>
<td>Breakfast A.M. Snack Supper Lunch Eve. Snack</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Sun Mon Tu Wed Th Fri Sat Normal Hours to</td>
<td>Breakfast A.M. Snack Supper Lunch Eve. Snack</td>
</tr>
</tbody>
</table>

#### INCOME ELIGIBILITY

Please check the boxes that apply to help determine the other parts of this form to complete:

- ☐ A family member in our household receives benefits from Basic Food, TANF, or FDPIR. (Please complete Part 2 and 5.)
- ☐ One or more of the children in Part 1 is a foster child. (Please complete Part 3 and 5.)
- ☐ My child(ren) may qualify for Free/Reduced-Price meals based on household income. (Please complete Part 4 and 5.)
- ☐ My child(ren) will not qualify for Free/Reduced-Price meals. (Please complete Part 5 only.)

**PART 2 – HOUSEHOLD MEMBER RECEIVING BASIC FOOD, TANF, OR FDPIR** — Only one household member receiving benefits must be listed in order to establish eligibility for all children in the household.

<table>
<thead>
<tr>
<th>Name</th>
<th>Circle One</th>
<th>Case Number or Identification Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Basic Food</td>
<td>TANF</td>
</tr>
</tbody>
</table>

**PART 3 – FOSTER CHILDREN** — List the names of any children listed in Part 1 who are foster children.

**PART 4 – TOTAL HOUSEHOLD INCOME FROM LAST MONTH** — Not required if you have reported a case number in Part 2.

<table>
<thead>
<tr>
<th>List names (First and Last) of everyone in your household, including foster children</th>
<th>Gross Income from Last Month (or not income if self-employed)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tell us how much and how often. If no income, write “0”.*</td>
</tr>
<tr>
<td></td>
<td>Earnings from Work Before Deductions</td>
</tr>
<tr>
<td>Jane Smith (example)</td>
<td>$1000 / month</td>
</tr>
<tr>
<td>1.</td>
<td>$ /</td>
</tr>
<tr>
<td>2.</td>
<td>$ /</td>
</tr>
<tr>
<td>3.</td>
<td>$ /</td>
</tr>
<tr>
<td>4.</td>
<td>$ /</td>
</tr>
<tr>
<td>5.</td>
<td>$ /</td>
</tr>
<tr>
<td>6.</td>
<td>$ /</td>
</tr>
</tbody>
</table>

**PART 5 – SIGNATURE AND CERTIFICATION** — REQUIRED

The adult household member who fills out the application must sign below. If Part 4 is completed, the adult signing the form must also list the last four digits of his/her Social Security Number or check the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.) If you have listed a case number in Part 2 or are applying on behalf of a foster child, or have checked the box that your child(ren) will not qualify for Free/Reduced-Price meals, the last four digits of the Social Security Number is not needed.

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that institution officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

<table>
<thead>
<tr>
<th>Signature of Adult</th>
<th>Date</th>
<th>Print Name of Adult Signing</th>
<th>Social Security Number (last four digits)</th>
<th>☐ I do not have a Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>XXX-XX-</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>City/State/Zip Code</td>
<td>Daytime Phone</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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FORM SPI CACFP 1269E/IEA (Rev. 6/15)
PART 6 - CHILDREN'S ETHNIC AND RACIAL IDENTITIES—You are not required to answer this part.

Check the ethnic and racial category of your child. We need this information to be sure that everyone receives benefits on a fair basis.

Ethnicity:
- [ ] Hispanic or Latino
- [ ] Not Hispanic or Latino

No child will be discriminated against because of race, color, national origin, sex, age, or disability.

Race:
- [ ] White
- [ ] Black or African American
- [ ] Asian
- [ ] American Indian or Alaskan Native
- [ ] Native Hawaiian or Pacific Islander
- [ ] Multi-Racial

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Basic Food, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program.

CENTER USE ONLY

- [ ] Child(ren) are categorically free based on
- [ ] Basic Food
- [ ] TANF
- [ ] FDPIR

- [ ] Foster child(ren) have been identified on this form and qualify for the free category.

Annual Income Comparison: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

- [ ] Child(ren) on this form who are not categorically eligible qualify as follows:

  Check one:  
  - [ ] Free
  - [ ] Reduced-Price
  - [ ] Above-Scale

  Total Income: $  
  [ ] Annual  [ ] Monthly  [ ] Twice Per Month  
  [ ] Every Two Weeks  [ ] Weekly

Signature of Institution's Representative

Date

Not valid without signature and date.

EIEA Effective Date: If the institution is using the parent/guardian signature date as the effective date, the form must have been signed by the institution representative within the same month the parent signed the form or the immediately following month. If the institution representative does not evaluate and sign the EIEA within these guidelines, the institution representative's signature date must be used as the effective date.
Child Health Information

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician’s Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentist’s Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Providers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approximate date of last physical exam by whom?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a copy of the results?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>(Interviewer: Permission slip to request results)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has your child had a dental exam?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If yes, when?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What type of medical insurance coverage do you have?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group or Policy # Policy holder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have dental coverage?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group or Policy # Policy holder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Does your child brush his/her teeth?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2. Do you brush your child’s teeth?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3. Is your child having dental pain?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4. Does this child have allergies?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If yes, what?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a physician’s diagnosis for this allergy?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5. Has your child ever been stung by a bee?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If yes, was there any reaction to it?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Family member with a reaction?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If yes, relationship to the child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Are there any health conditions affecting your child that we should know about?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Explain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Is your child currently taking any medications</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If yes, Medication Form #15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note: Medications will not be administered at school if the child is in our care for four hours or less. Exception: Epi Pens, Inhalers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Is your child exposed to second hand smoke in your home or automobile?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>9. Is your family currently involved with WIC?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>10. Do you have any concerns about how your child eats? (picky eater, overeating, under eating, other)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>11. Do you have any concerns about your child’s weight?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>12. Does your child have any problems chewing or swallowing?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>13. Does your child use a bottle?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>14. Is your child currently seeing a therapist or counselor?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Well Child Exam Form

Child's Name: ___________________________ Birth date: ________________

Physician: _______________________________ Date of Exam: ______________

I give permission for information in regards to my child's well-child exam to be sent/faxed to the Raymond School District.

Parent Signature ___________________________ Printed Name ___________________________ Date ________________

The bottom portion needs to be completed by the Health Care Provider:

Raymond School District's preschool program is required by their funding source for ECEAP to have each child enrolled in the program receive a physical examination. Please complete the following form and return it to us by fax at 360-942-2503 or by mail to: Raymond Elementary School, 1016 Commercial Street, WA 98577. Thank you for your cooperation.

Provider Signature ___________________________ Date ________________ Date of Exam: ______________

Height ________ Weight ________ Within normal range? Yes No

• Are there medical concerns that need accommodations in the classroom, or that require follow-up?
  □ Yes □ No If yes, please explain under comments section below.

• Are there any medications that should be dispensed at school?
  □ Yes □ No If yes, please explain under comments section below.

• Is this child up to date on a schedule of age appropriate preventative and primary health care?
  □ Yes □ No If no, please explain under comments section below.

• Are you serving as this child's "Medical Home" or Primary Care Provider?
  □ Yes □ No

Comments:

Reviewed 3/08
Dental Examination Form

Date of Exam ____________________________
Child's Name ____________________________ Birth date ____________________________

○ No concerns
○ Follow-up treatment suggested.

Examination Completed by __________________________________________

I give my permission for you to release the information above on my child to the Early Learning Center. This permission is granted for up to 120 days from the time of the examination.

X ____________________________
Parent/Guardian Signature Date ____________________________

Family Support Staff (Describe follow-up actions taken)
child’s Name ____________________________

PRESCHOOL
TRANSPORTATION AGREEMENT

As a courtesy to families, the Raymond School District’s Transportation department provides busing for preschool aged children enrolled at Raymond Elementary School. The following guidelines have been established:

1. When preschool children are transported home, a parent or guardian must acknowledge the arrival of the bus or the child will not be allowed off. If the arriving bus is not acknowledged within a reasonable amount of time, the child will be returned to school. If your child is returned to school, we will attempt to reach you. If we cannot reach you, we will call the numbers on your emergency call list.

If a child is repeatedly returned to school because their arrival is not acknowledged, the school district transportation departments reserve the right to refuse transportation of your child.

2. If you know that your child is not going to come to school, please call us at 942-2435 Ext. 1 so we can notify the transportation department and your child’s teacher.

3. Children are generally scheduled for AM and PM classes according to their geographical location for pick up. Unfortunately, we usually cannot change a child from one session to another to accommodate parent’s schedule changes. We are willing to discuss with you the possibility of changing from one session to the other if there is room, but there is no guarantee that transportation can be offered along with the session change. If that is the case, parents assume the responsibility for transporting their child.

4. For the safety of the children we will only accept one regular address and one alternative address for pick up and drop off. We understand that emergencies may come up and that there may be a time when neither address works for your child. In the event of an emergency or other unexpected circumstance, you may request that your child be picked up or dropped off at a different address from what is listed below. You will need to contact the Transportation Department to determine if there is a bus route in that location. All bus changes need to be made directly to the Transportation Department at 942-2435 Ext. 5.

At what address will the bus pick up your child?

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone Number</th>
<th>Additional Information (home, child care, grandma’s, etc)</th>
</tr>
</thead>
</table>

At what address will the bus drop your child off?

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone Number</th>
<th>Name of person or child care receiving the child</th>
</tr>
</thead>
</table>

One alternative pick-up OR drop off address: Pick up  Drop off  Days __________________________

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone Number</th>
<th>Additional Information (home, child care, grandma’s, etc)</th>
</tr>
</thead>
</table>

I understand the transportation agreement as it has been explained to me.

Parent Signature ____________________________  Date ___________
PREESCOLAR
CONTRATO DE TRANSPORTE

Como una cortesía para familias, el Departamento de Transporte del Distrito Escolar Raymond proporciona transporte para niños en edad preescolar inscritos en el Raymond Elementary School. Se han establecido las siguientes pautas:

1. Cuando se transportan niños en edad preescolar, un padre o tutor debe reconocer la llegada del autobús o a su niño(a) no podrán dejar. Si no se reconoce el camión que llega dentro de un plazo razonable, el niño será devuelto a la escuela. Si su niño es devuelto a la escuela, intentaremos comunicarnos con usted. Si no podemos localizarle, vamos a llamar los números en la lista de llamadas de emergencia.

Si un niño es devuelto repetidamente a la escuela porque su llegada no es reconocida, los departamentos de transporte del distrito escolar reservan el derecho de rechazar el transporte para su hijo(a).

2. Si usted sabe que su hijo(a) no va a venir a la escuela, por favor llámenos al 942-2435 por lo que podemos notificar a el Departamento de Transportación y maestra de su hijo(a).

3. Los niños generalmente están programados para AM y PM clases según su ubicación geográfica para recoger, por desgracia, generalmente, podemos cambiar a un niño de una sesión a otra para adaptarse a los cambios de horario de los padres. Estamos dispuestos a discutir con usted la posibilidad de cambiar de una sesión a otra si hay espacio, pero no existen garantías de transporte para ofrecer junto con el cambio de la sesión. Si eso es el caso, los padres asumen la responsabilidad de transportar a su niño.

4. Para la seguridad de los niños que sólo aceptará una dirección regular y una dirección alternativa para recoger y dejar. Nosotros entendemos que las emergencias pueden surgir y que puede haber un momento en que ni la dirección de obras para su hijo. En caso de una emergencia o circunstancia inesperada, usted puede solicitar que su hijo sea recogido o dejado en una dirección diferente a lo que se indica a continuación. Usted tendrá que ponerse en contacto con el Departamento de Transporte para determinar si existe una ruta de autobús en ese lugar. Todos los cambios de autobús deben hacerse directamente al Departamento de Transporte al 942-2435 ext. 5.

En qué dirección el autobús recogerá a su hijo(a)?

<table>
<thead>
<tr>
<th>Dirección</th>
<th>Número de teléfono</th>
<th>Información adicional (hogar, cuidado de niños, de la abuela; etc.)</th>
</tr>
</thead>
</table>

En qué dirección el autobús dejará su hijo(a)?

<table>
<thead>
<tr>
<th>Dirección</th>
<th>Número de teléfono</th>
<th>Nombre de la persona o la guardería recibe a el/la niño(a)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Una dirección alternativa para recoger:</th>
<th>Recoger</th>
<th>Dias para dejar</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Dirección</th>
<th>Número de teléfono</th>
<th>Información adicional (hogar, cuidado de niños, de la abuela, etc.)</th>
</tr>
</thead>
</table>

Entiendo que el acuerdo de transporte como se ha explicado a mí.

Firma del Padre/Madre

Fecha
REPORTING SUSPECTED ABUSE AND NEGLECT

According to Washington State law, all school district employees, including staff at the Raymond School District, are required to report to Child Protective Services any incidents of suspected abuse or neglect. We are obligated by law and morally to support the safety of children. If we see any of the following or if a child reports to us any of the following, we are obligated to file a report.

- Sexual abuse (inappropriate touching, watching sexual activity)
- Sexual acting out by the child (simulating sexual activity, inappropriate touching)
- Corporal punishment
- Being locked out of the house
- Being left alone without direct or adult supervision
- No food or out of the ordinary complaining of hunger
- Burns or any wounds not being treated
- Out of the ordinary bruises, black eyes, cuts, cigarette burns, etc.
- Uncleanliness or improper grooming that leads to shunning from other children
- Unsanitary practices in the home
- Signs of severe rodent infestation in the home
- Signs of drug abuse
- Confession of neglect, “I left my children home alone for about a half hour last night while I ran to the store.” Or, “I was home alone yesterday.”
- Anything that causes us to be concerned for the child’s safety or well-being

We are not looking for things to report and it is not our intention to frighten you, but we do want you to be informed of reportable offenses or concerns. If we feel that a report is necessary, we will not inform you or warn you ahead of time. You are free to call us at anytime if you have concerns or questions about this list or our reporting obligations.

I understand this policy as it has been explained to me.

Parent/Guardian Signature ____________________________________________ Date __________________

Staff Member Explaining Form _________________________________________ Date __________________
REPORTING SUSPECTED ABUSE AND NEGLECT

Parent Copy

According to Washington State law, all school district employees, including staff at the Early Learning Center, are required to report to Child Protective Services any incidents of suspected abuse or neglect. We are obligated morally and by law to support the safety of children. If we see any of the following or if a child discloses to us any of the following, we are obligated to file a report.

- Sexual abuse (inappropriate touching, watching sexual activity)
- Sexual acting out by the child (simulating sexual activity, inappropriate touching)
- Corporal punishment
- Being locked out of the house
- Being left alone without direct or adult supervision
- No food or out of the ordinary complaining of hunger
- Burns or any wounds not being treated
- Out of the ordinary bruises, black eyes, cuts, cigarette burns, etc.
- Uncleanliness or improper grooming that leads to shunning from other children
- Unsanitary practices in the home
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Office of Superintendent of Public Instruction (OSPI)
Home Language Survey

The Home Language Survey is given to all students enrolling in Washington schools.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Grade:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent/Guardian Signature</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Right to Translation and Interpretation Services**
Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.

<table>
<thead>
<tr>
<th>All parents have the right to information about their child’s education in a language they understand.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In what language(s) would your family prefer to communicate with the school?</td>
</tr>
<tr>
<td>________________________________________________________________________________________</td>
</tr>
</tbody>
</table>

**Eligibility for Language Development Support**
Information about the student’s language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.

| 2. What language did your child learn first? |
| ________________________________________________________________________________________ |
| 3. What language does your child use the most at home? |
| ________________________________________________________________________________________ |
| 4. What is the primary language used in the home, regardless of the language spoken by your child? |
| ________________________________________________________________________________________ |
| 5. Has your child received English language development support in a previous school? Yes No Don’t Know |

**Prior Education**
Your responses about your child’s birth country and previous education:
- Give us information about the knowledge and skills your child is bringing to school.
- May enable the school district to receive additional federal funding to provide support to your child.

*This form is not used to identify students’ immigration status.*

| 6. In what country was your child born? |
| ________________________________________________________________________________________ |
| 7. Has your child ever received formal education outside of the United States? (Kindergarten – 12th grade) Yes No |
| If yes: Number of months: Language of instruction: |

| 8. When did your child first attend a school in the United States? (Kindergarten – 12th grade) |
| Month Day Year |

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child’s school.

Note to district: This form is available in multiple languages on [http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx](http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx). A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. “Formal education” in #7 does not include refugee camps or other unaccredited educational programs for children.

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South Bend, Raymond & Willapa Valley School Districts  
Early Learning  
GENERAL PERMISSION SLIP

Child's Name ________________________________  Teacher ____________________________

I understand that by saying yes permission is granted for the specified service or activity, and that by answering no means permission is not granted.

1. I will allow my child to receive health screenings including hearing, vision, height, weight, dental, and developmental screenings while at school.  YES  NO

2. Staff has my permission to exchange information about my child with school support staff. School support staff includes: the school nurse, speech pathologist, and other specialists employed by the district.  YES  NO

3. My child has no physical limitations and may participate in all individual and group activities of the program.  YES  NO

4. My child may be included in photographs for such uses as bulletin boards, newsletters, newspaper articles, pictures through the center, etc.  YES  NO

5. My child's records may be sent to the elementary school where he/she will attend kindergarten, if requested.  YES  NO  NA

6. Staff has my permission to show my family file to funders/monitors for purposes of monitoring the program. I understand confidentiality will be maintained.  YES  NO  NA

7. My child may participate in activities that are centered on the following holiday or seasonable celebrations as long as they abide by school and state law.  YES  NO

   ___ Birthday   ___ Mother's Day   ___ Harvest   ___ Thanksgiving
   ___ Christmas   ___ Valentine's Day   ___ Easter   ___ St. Patrick's Day

Are there any celebrations not listed above that you have objections to?

   ________________________________

8. I have received a copy of the parent handbook and it was reviewed with me by staff.  YES  NO

Notes:

Parent Signature ________________________________  Date _____________

Staff Member Reviewing Form ________________________________  Date _____________
Raymond School District
Raymond Elementary

LOCAL FIELD TRIP PERMISSION SLIP

Parents will be informed in advance of all field trips. In an effort to save time and paper shuffling, we will keep on file a blanket permission slip for attendance on local field trips. Local includes Raymond, South Bend, and Willapa Valley. Any field trips scheduled out of the local area will require a separate permission slip.

If you are informed of an upcoming field trip that you do not want your child to attend, please contact the Raymond Elementary staff to let them know. Please do not rely on your child to deliver a note because we may not get it. If we do not hear from you we will assume that permission is given.

I give permission for Raymond Elementary staff and attending volunteers to take my child on local field trips while he/she is enrolled in programming at Raymond School District. I understand that emergency information regarding my child will be taken on all field trips.

Child's Name

______________________________

Parent/Guardian Signature

______________________________ Date

NEIGHBORHOOD WALK PERMISSION SLIP

I give my permission for my child to participate in neighborhood walks. Neighborhood walks include anywhere that a bus is not required to take the children. I understand that I may or may not be informed of these events in advance.

Child's Name

______________________________

Parent/Guardian Signature

______________________________ Date
Raymond School District
Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. (Please see reverse side for more information)

If you own/rent your own home, you do not need to complete this form.

If you do not own/rent your own home, please check all that apply below. (Submit to District Homeless Liaison. Contact information can be found at the bottom of the page).

☐ In a motel
☐ In a shelter
☐ Moving from place to place/couch surfing
☐ In someone else’s house or apartment with another family
☐ In a residence with inadequate facilities (no water, heat, electricity, etc.)
☐ A car, park, campground, or similar location
☐ Transitional Housing
☐ Other __________________________

Name of Student: ____________________________  First    Middle    Last

Name of School: ____________________________  Grade: _____  Birthdate: _______  Age: _______

Gender: __________  ☐ Student is unaccompanied (not living with a parent or legal guardian)
☐ Student is living with a parent or legal guardian

ADDRESS OF CURRENT RESIDENCE: ______________________________________________________

PHONE NUMBER OR CONTACT NUMBER: ____________  NAME OF CONTACT: ______________________

Print name of parent(s)/legal guardian(s): ___________________________________________________

(Or unaccompanied youth)

*Signature of parent/legal guardian: ___________________________________________  Date: ______________

(Or unaccompanied youth)

*I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.

Please return completed form to:

District Liaison  Lyndsey Owen  Phone 360-942-3415 ext. 2109  Location 1016 Commercial St. Raymond WA 98577

For School Personnel Only: For data collection purposes and student information system coding

☐ (N) Not Homeless  ☐ (A) Shelters  ☐ (B) Doubled-Up  ☐ (C) Unsheltered  ☐ (D) Hotels/Motels
SEC. 725. DEFINITIONS.

For purposes of this subtitle:

(1) The terms enroll' and enrollment' include attending classes and participating fully in school activities.

(2) The term homeless children and youths'—

(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes—

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

(6) The term unaccompanied youth includes a youth not in the physical custody of a parent or guardian.

Additional Resources

Parent information and resources can be found at the following:

Lyndsey Owen, MA, LMHCA
School Counselor
McKinney Vento Liaison
Raymond School District
1016 Commercial Street
Raymond WA, 98577
360-942-3415 ext. 2109

http://center.serve.org/nche/ibt/parent_res.php
http://naehcy.org/educational-resources/naehcy-publications
http://www.schoolhouseconnection.org/
Early Achievers: Parent/Guardian Consent for On-Site Evaluation

Dear Families,

As you know, ________________ is participating in Early Achievers and we are preparing to demonstrate our commitment to providing quality care and education through an on-site evaluation. We need your help to make this effort a success! Please read below for more information on how you can help us continue to provide high-quality care that helps children learn and grow.

**On-Site Evaluation:**

Child care and early learning programs that participate in Early Achievers receive on-site evaluation visits from the University of Washington (UW). The purpose of the evaluation visit is to gather information about our program to inform our Early Achievers quality rating. An on-site observation of our learning environment during operating hours is part of our evaluation.

The evaluation includes collecting information that will be used to validate our quality and help us, ________________, develop goals to continue improving the quality of care we provide for your child, such as:

- Observing interactions between providers and children.
- Observing the materials, activities, and experiences available to support children in the learning environment.
- Observing children engaging with the learning environment to understand how it stimulates their learning.
- Interviewing providers about how they support young children’s growth and development.
- Interviewing interested families to learn about how we partner with families to support their child’s learning and development.
- Reviewing program files and documentation to learn how program policies and procedures support quality child care practice.
- Reviewing child files to see how our program supports each child’s learning and development.

**Please note:**

- Your child’s care and education will not be interrupted during this process.
- No information about your child will ever be released to the public.
- No identifiable information about individual children will be collected.
- Information about our participation will be posted on the Department of Early Learning and Child Care Aware of Washington websites. (del.wa.gov and wa.childcareaware.org)

March 2018
Early Achievers: Parent/Guardian Consent for On-Site Evaluation

Please let us know if your child’s files can be included during the evaluation visit.

☐ I allow my child’s files to be reviewed as part of the Early Achievers evaluation as outlined above.
☐ I would like my child’s files to be excluded during this process.

Child care facility name: ____________________________________________

Child name: _______________________________________________________

Parent/Guardian name (printed): _________________________________

Signature: ______________________________________________________ Date: __________________

Optional: The UW data collection team would like to hear what you think about how we work with children and families. If you are interested in participating in an interview with the UW team, please indicate below:

☐ Yes, I am interested and willing to be contacted by UW for an interview (Note: not all families who check yes will be contacted)

☐ Please contact me by phone
  Phone number: ____________________________________________

  Best time to reach me _______________________________________

☐ Please contact me by email so I can access a link to an online parent survey

Email address: ____________________________________________

March 2018

Washington State Department of
Early Learning
PARENT NOTIFICATION

By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child/children **UNLESS** a parent has a court order that indicates which parent has custody of the child/children.

The school **MUST HAVE A COPY OF THE RECORDED COURT ORDER** on file, otherwise either parent may check the child out of school with proper identification.

If a parent comes in with a court order stating the current custody over the enrolling parent, they may take the child/children after documents are verified, as needed, and after every effort has been made to reach the enrolling parent by phone.

I have read and understand the above statement of the law.

Students Name: _________________________________

Signature of Parent/Guardian: ____________________ Date: __________

NOTIFICACIÓN PARA PADRE

Por ley, si los padres están separados legalmente o divorciados, cada padre tiene derechos iguales de custodia de el hijo(a)/hijo **A MENOS QUE** uno de los padres tenga una orden de la corte que indique cual padres es el que tiene custodia del hijo(a)/hijos.

La escuela **DEBE TENER UNA COPIA DE LA CORTE** en sus archivos estudiantiles, de lo contrario, cualquiera de los padres puede sacar el estudiante de la escuela con la identificación apropiada.

Si uno de los padres viene con una orden de la corte que indique la custodia actual sobre el estudiante registrado, entonces se pueden llevar al niño (a)/hijos después de que los documentos hayan sido verificados, conforme sea necesario, y después de haber hecho todo intento de comunicarnos por teléfono con el otro padre registrado.

He leído la declaración de la ley arriba.

Nombre del Estudiante: ____________________________

Firma del Padre/Tutor: ___________________________ Fecha: __________
MILITARY PARENT OR GUARDIAN AFFILIATION FORM

Student Name: ____________________________ Grade: ________

Parent/Guardian: __________________________ Date: ______________

Washington State Legislature has mandated that data on students from military families must be collected as stated in RCW 28A.300.507

For the purpose of collecting the data please mark all that apply:

☐ No parent or guardian currently serving as a member of the U.S. Armed forces, Reserves of the U.S. Armed Forces or Washington National Guard.

☐ Yes a parent/guardian is a current member of the active duty U.S. Armed Forces.

☐ Yes a parent/guardian is a current member of the reserves of the U.S. Armed Forces.

☐ Yes a parent/guardian is a current member of the Washington National Guard.

☐ Yes more than one parent or guardian is currently either a member on active duty in the U.S. Armed forces, Reserves of the U.S. Armed Forces or Washington National Guard.

☐ No Response/Refused to state.

(Note: If at any time throughout the school year the military status changes, please contact the Chehalis School District office or your student’s school to report the change.)
Preschool Billing Agreement

Student’s Name ______________________________________

All preschool services must be paid by the 10th of each month. If full payment is not received by the 10th of each month your child may be removed from the program.

Payments can be made at the elementary school office.

Preschool is open to all three and four year old children for a flat rate fee of $100.00 per month. The rate is same regardless of the number of preschool days in a month. There is no charge for days scheduled in August or June, should they occur.

Preschool is 3 hours long (8am to 11am or 12pm to 3pm) Monday through Thursday on scheduled days.

There is no charge for students who qualify for ECEAP and completed the verification process.

A one-month discount is available if fees are paid in full for the year by the 10th of September of that year.

Parent/Guardian Signature ___________________________ Date ________
Todos los servicios del preescolar tienen que ser pagados el 10 de cada mes. Si el pago no es recibido antes de el 10 del mes su estudiante podrá ser movido del programa.

Los pagos se pueden jacer en la oficina de la escuela primaria.

Preescolar esta abierto a todos los niño de tres y cuatro años por una tarifa fija de $100.00 al mes. La tasa es la misma sin tomar en cuenta los días de preescolar en un mes. No hay cargo en los días programadas en agosto o en junio si ocurren.

Preescolar dura 3 horas (8am – 11am o 12pm – 3pm), lunes a jueves en los días programados.

No hay cargos para los estudiantes que califican para ECEAP y completan el proceso de verificación.

Un descuenta de un mes esto disponible si las tarifas se pagan por completo para el año ante del 10 de septiembre de este año.

Firma de padre/guardian ___________________________ Fecha ___________________________

Ensuring that all students learn... ... ... ... ... ... ... ... ... ... ...
Preschool Enrollment 
Appointment Reminder

Things to remember on our appointment on: __________________________
time:_____________ where:_____________ with: _______________________

☐ Immunization Records
☐ A copy of your child’s birth certificate (or foster care authorization letter)
☐ TANF or Washington Food Program case number (if you have one)
☐ Documentation of your child’s last well child and dental exams
☐ Medical and dental card/insurance
☐ Verification of income for the past year (W2s, Income Tax Returns)
☐ Records of additional income such as Social Security, TANF cash benefits, foster care grant, self employment, court order child support, or any other type of income.

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