

2024-2025 Program Year

ENROLLMENT APPLICATION

Dear Parent/Guardian,

Thank you for applying to the Marion Forsman-Boushie Early Learning Center for your Early Childhood Education Program and/or Childcare services. **Please accurately complete this application, and provide copies of required documentation (as needed).** All information will be kept CONFIDENTIAL. The information will be used to help us determine families' eligibility for services. Washington state DCYF ECEAP and office of Early Head Start and Head Start services are free of charge to families. Additional childcare services depend on availability and eligibility.

Age: For Early Head Start (EHS), the child must be **ONE** year old by **August 31, 2024**. For Head Start (HS) and Early Childhood Education & Assistance Program (ECEAP), children must be **THREE** years old by **August 31, 2024**. Childcare for infants starts as soon as six weeks, and before and after school childcare starts for children in Kindergarten up to fifth grade.

Family Size and Income: Head Start/ECEAP must know how many people are living in your household and the total family income in order to determine if your family income is at, or below the Federal Poverty Guidelines. Family is defined, for this purpose as "all persons living in the same household who are supported by the income of the parent(s) or guardian(s) of the enrolling child and are related to the parents(s) or guardian(s) by blood, marriage, or adoption."

2024 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

For families/households with more than 8 persons, add \$5,380 for each additional person.	
Persons in Family/Household	Poverty Guideline
1	\$15,060
2	\$20,440
3	\$25,820
4	\$31,200
5	\$36,580
6	\$41,960
7	\$47,340
8	\$52,720

Disabilities: No less than 10% of the total enrollment of HS/EHS children must be reserved for children with diagnosed disabilities; however, all families that have a child with a disability must still meet the income guidelines, and include documentation that supports him/her as such.

Waitlist Process: Once applications are submitted w/ all documentation, they are verified, scored, and entered into ChildPlus. Waitlist letters are generated, and sent to the mailing address provided by families. Our enrollment selection is based on the needs of children/families, and not by the date of application.

I certify that the information in the application is true and complete to the best of my knowledge. I understand that failure to report correct information may be grounds for rejection of this application or termination of services. I will notify the Marion Forsman-Boushie Early Learning Center immediately if there is any change in income, family size, residence, employment, or reason for needed services.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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APPLICATION INSTRUCTIONS

To ensure that you submit a completed application, please follow the directions below;

- Provide **Age verification** (*see list below*)
- Provide **Legal Guardianship verification** (*see list below*)
- Provide **Family Size verification** (*see list below*)
- Provide **Tribal Enrollment verification** (*if applicable*)
- Provide **12 months** of Income verification (*see list below*)
- Provide a copy of parents/guardians **Identification.**
- Complete **Application Packet**
- Submit completed packet, and all documentation verification.**

To verify eligibility, please provide copies of ALL that apply

Age verification: Bring ONE or MORE <input type="checkbox"/> Birth Certificate (and) <input type="checkbox"/> Government document w/birth date <input type="checkbox"/> Medical Card or records <input type="checkbox"/> Paternity Affidavit	<input type="checkbox"/> Adoption papers <input type="checkbox"/> Court Documents <input type="checkbox"/> IEP/IFSP <input type="checkbox"/> Medical record of birth <input type="checkbox"/> Permanent resident "green" card	<input type="checkbox"/> Child Profile <input type="checkbox"/> Foster care Authorization letter <input type="checkbox"/> Immunization record <input type="checkbox"/> Passport or Visa <input type="checkbox"/> School records
Legal Guardianship: Bring ONE or MORE <input type="checkbox"/> Benefits letter (TANF, Foodstamps, Etc) <input type="checkbox"/> 1040 (listing child) <input type="checkbox"/> Legal will describing relationship <input type="checkbox"/> DSHS records	<input type="checkbox"/> Adoption papers <input type="checkbox"/> Court order <input type="checkbox"/> In loco parentis <input type="checkbox"/> Passport or visa <input type="checkbox"/> School, hospital, clinic, other public health or social service agency records	<input type="checkbox"/> Birth certificate <input type="checkbox"/> Fostercare record <input type="checkbox"/> Insurance doc. Stating relationship <input type="checkbox"/> Letter from social worker, school, lawyer, mental health professional
Family Size: Bring ONE or MORE <input type="checkbox"/> Fostercare grant <input type="checkbox"/> School records	<input type="checkbox"/> Benefits letter <input type="checkbox"/> Rental housing document <input type="checkbox"/> 1040 from previous year	<input type="checkbox"/> Court or legal document <input type="checkbox"/> Provider One Website
Income: Bring ALL that apply <input type="checkbox"/> Fostercare authorization letter <input type="checkbox"/> Retirement payment statement <input type="checkbox"/> Spousal maintenance ("alimony") award letter, court order, DCS statement, copy of check, or signed statement from payer <input type="checkbox"/> Child support order for support paid, also view receipts, copy of cancelled checks or paystubs showing deduction <input type="checkbox"/> SSI statement <input type="checkbox"/> Unemployment insurance <input type="checkbox"/> Tribal income (taxable)	<input type="checkbox"/> Benefits letter/SNAP Benefits Letter <input type="checkbox"/> Military leave and earning statements <input type="checkbox"/> Self-employment statement 1099 <input type="checkbox"/> TANF award letter <input type="checkbox"/> W-2 from previous year <input type="checkbox"/> Written statement from employer as last resort	<input type="checkbox"/> College financial aid letter & tuition fees <input type="checkbox"/> Paystubs for 12 months <input type="checkbox"/> Social Security (OASI or SSDI) statement <input type="checkbox"/> 1040 from previous year <input type="checkbox"/> Workers Comp. L&I

To determine eligibility for enrollment, we need all required documentation and a completed application. Failure to complete the application process/intake will result in your child being placed on the waitlist with an incomplete application. If you need any help obtaining documentation, completing this application, or need any other assistance- please contact one of Support Coordinators listed below.

Felicia Gonzales
 HS/ECEAP Family Services
fgonzales@suquamish.nsn.us
 (360) 394-8585

Lenora Bagley
 EHS Family Services
lbagley@suquamish.nsn.us
 (360) 394-7195

Alex Harkins
 Childcare Coordinator
aharkins@suquamish.nsn.us
 (360) 394-8580

Applications will NOT be accepted or considered complete unless ALL documentation is submitted with a COMPLETED application.

Please drop off completed applications to the ELC front desk (M-F, 7:30am-5pm) or submit via email to Felicia Gonzales or Lenora Bagley w/ all required documentation.

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Please check the box(s) of the program that you are applying for.

- | | |
|--|---|
| <input type="checkbox"/> Infant Care | <input type="checkbox"/> Before & After School-age care |
| <input type="checkbox"/> Early Head Start (1-2 years old) | <input type="checkbox"/> Yusawiac (Childcare Program) |
| <input type="checkbox"/> Head Start or ECEAP (3-5 years old) | |

-CHILD INFORMATION-

Child Name: _____

D.O.B: _____ **SSN:** _____ **Age as of 08/31/2024:** _____ **Gender:** Male Female

State Foster care:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Suquamish Tribal child welfare (TCW):	<input type="checkbox"/> YES	<input type="checkbox"/> NO
State FAR Case:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	TCW Prevention case:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Previously attended our program:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Kinship Care:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Expelled from another program:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Child experiencing homelessness:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Child experienced Loss of a parent/guardian (due to death, abandonment, or deportation)				<input type="checkbox"/> YES	<input type="checkbox"/> NO

Previous Enrollment: <i>(circle, if applicable)</i>	<input type="checkbox"/> Early Head Start at MFBELC <input type="checkbox"/> Early Head Start w/ a different agency <input type="checkbox"/> Any birth to 3 home visiting program	<input type="checkbox"/> Head Start at MFBELC <input type="checkbox"/> Head Start w/a different agency <input type="checkbox"/> Migrant/Seasonal Head Start in WA <input type="checkbox"/> ESIT Early Support for infants/toddlers
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Disability:
 This child has an Individualized Family Service Plan (IFSP)- Start Date: _____ and End Date: _____
 This child has an Individualized Education Program (IEP)- Start Date: _____ and End Date: _____
This child has a suspected developmental delay or disability [] YES [] NO
IF this child has an IFSP/IEP check all categories of the IFSP/IEP. If not, Skip this part

Race & Ethnicity of this child (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> <i>(documentation required)</i> Alaska Native- Specify: | |
| <input type="checkbox"/> <i>(documentation required)</i> American Indian- Tribe: | |
| <input type="checkbox"/> Asian- specify: | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Hispanic/Latino- specify: |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander- specify: | |

Primary Language: (Circle One) **English** **Spanish** **Other:** _____

Secondary Language: _____

Please specify your family type (select one):

- | | | |
|---|---|---|
| <input type="checkbox"/> Two-parent family | <input type="checkbox"/> Mother figure only/ Single-parent family | <input type="checkbox"/> Father figure only/ Single-parent family |
| <input type="checkbox"/> Grandparents raising grandchildren | <input type="checkbox"/> Foster family | <input type="checkbox"/> Other relative/persons |

-If Child Protective Services or Tribal Child Welfare is involved w/ this child, please complete this section-

Suquamish Tribal Welfare (TCW)	Other Tribal ICW	CPS	Other <i>(with legal documentation)</i>
If TCW/ICW/CPS, Please provide contact information and DOCUMENTATION			
Case worker:			
Contact Number:		Email:	
If the child is NOT under TCW/ ICW/CPS and DOES NOT live with either parent, please provide DOCUMENTATION			
<input type="checkbox"/> Court Documents (Copies)	<input type="checkbox"/> Notarized Consent/Release	<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Third Party Custody
For children in foster or kinship care: <i>If this child is in foster care or living with a guardian who receives a payment for the child, fill in this box.</i>			
Monthly grant or payment amount \$ _____		# of children covered by this grant amount # _____	
Case # or Client ID # _____		Payment Source [] DSHS [] SSI [] Tribe [] Other	

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-PARENT/GUARDIAN INFORMATION-

PRIMARY PARENT/GUARDIAN:

Name:		Date of Birth:	
Relationship to child:		Social Security #:	
Home Address:			
Mailing Address:			
Primary Phone:		Secondary Phone:	
Email Address:			
Race/ethnicity:		Primary Language:	Marital Status:
<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic and/or Latino		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
<input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native Tribe: <input type="checkbox"/> Other Please specify:			
Lives w/child:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Developmentally/Physically Disabled:
Legal custody of child:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Mental Health concerns:
Protection Order:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Recovering from substance abuse:
Parenting Plan:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Isolated, with no support system:
Teen Parent (18 or younger):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Current U.S. Military Active Duty:
Homeless in the last 12 months:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Currently/recently deployed:
Currently Incarcerated:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	National Guard/military reserve:

Education, Income Verification and School/Work Information

Highest Level of Education:

6th grade or less
 7th to 12th grade, no diploma or GED
 High school diploma or GED
 Some College
 Professional certificate
 Associate Degree
 Bachelor's Degree
 Masters or Doctorate

PREVIOUS EMPLOYMENT/INCOME

Did you receive income (employment, TANF, SNAP, SSI, Child support, Unemployment, taxable tribal income, military payments) during the previous 12 months? Yes No

If **YES**, please provide 12 months of income documentation or benefits letter

If **NO**, describe reason parent does not have income: _____

Do you still have the income above? Yes No

If no, and your circumstances have recently changed, please explain:

Divorce or separation
 Loss of job
 Job change
 Loss of wage earner
 Loss of benefits
 Other (explain): _____

We may ask that you submit an income verification statement if needed.

Have you registered in selective service? YES NO N/A

Employer Information

Employer Name: _____

Phone: _____ Email: _____

Hours per week: _____ Hours traveled to and from work: _____

School Information

Are you enrolled and/or attending college classes or Job training? YES NO

If **YES**, enter total # of hrs. Per wk. (Include class time, up to 10 hours of study time, and travel time.) # Hrs. _____

Enter Name of school or training organization: _____

Enter goal or major: _____

Workforce Information

Are you in an approved WorkFirst activity other than employment, education or job? YES NO

If yes, describe activity: _____

If yes, enter # of hours per week in approved activity and related travel: _____ If yes, enter number of approved hours per week: _____

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-PARENT/GUARDIAN INFORMATION-

SECONDARY PARENT/GUARDIAN:

Name:			Date of Birth:		
Relationship to child:			Social Security #:		
Home Address:					
Mailing Address:					
Primary Phone:			Secondary Phone:		
Email Address:					
Race/ethnicity:			Primary Language:		Marital Status:
<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian/ Pacific Islander		<input type="checkbox"/> English		<input type="checkbox"/> Single
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Spanish		<input type="checkbox"/> Married
<input type="checkbox"/> Asian	<i>Tribe:</i>		<input type="checkbox"/> Other:		<input type="checkbox"/> Separated
<input type="checkbox"/> Hispanic and/or Latino	<input type="checkbox"/> Other				<input type="checkbox"/> Divorced
		<i>Specify:</i>			
Lives w/child:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Developmentally/Physically Disabled:		<input type="checkbox"/> YES <input type="checkbox"/> NO
Legal custody of child:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Mental Health concerns:		<input type="checkbox"/> YES <input type="checkbox"/> NO
Protection Order:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Recovering from substance abuse:		<input type="checkbox"/> YES <input type="checkbox"/> NO
Parenting Plan:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Isolated, with no support system:		<input type="checkbox"/> YES <input type="checkbox"/> NO
Teen Parent (18 or younger):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Current U.S. Military Active Duty:		<input type="checkbox"/> YES <input type="checkbox"/> NO
Homeless in the last 12 months:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Currently/recently deployed:		<input type="checkbox"/> YES <input type="checkbox"/> NO
Currently Incarcerated:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	National Guard/military reserve:		<input type="checkbox"/> YES <input type="checkbox"/> NO
Education, Income Verification and School/Work Information					
Highest Level of Education:					
[] 6th grade or less	[] 7th to 12th grade, no diploma or GED		[] High school diploma or GED		
[] Some College	[] Professional certificate		[] Associate Degree		
[] Bachelor's Degree	[] Masters or Doctorate				
PREVIOUS EMPLOYMENT/INCOME					
Did you receive income (employment, TANF, SNAP, SSI, Child support, Unemployment, taxable tribal income, military payments) during the previous <u>12 months</u> ? [] Yes [] No					
If YES , please provide 12 months of income documentation or benefits letter					
If NO , describe reason parent does not have income:					
Do you still have the income above? [] Yes [] No					
If no, and your circumstances have recently changed, please explain:					
[] Divorce or separation	[] Loss of job	[] Job change	[] Loss of wage earner	[] Loss of benefits	
[] Other (explain): _____					
<i>We may ask that you submit an income verification statement if needed.</i>					
Have you registered in selective service? [] YES [] NO [] N/A					
Employer Information					
Employer Name: _____					
Phone: _____			Email: _____		
Hours per week: _____			Hours traveled to and from work: _____		
School Information					
Are you enrolled and/or attending college classes or Job training? [] YES [] NO					
[] If YES , enter total # of hrs. Per wk. (Include class time, up to 10 hours of study time, and travel time.) # Hrs. _____					
Enter Name of school or training organization: _____					
Enter goal or major: _____					
Workforce Information					
Are you in an approved WorkFirst activity other than employment, education or job? [] YES [] NO					
If yes, describe activity:					
If yes, enter # of hours per week in approved activity and related travel:			If yes, enter number of approved hours per week:		

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HOUSEHOLD INFORMATION

Please list everyone living in the household who may be counted in family size.

For families temporarily living with relatives or others, do not list the hosts.

For families w/ two households when there is joint custody w/ no primary parent and no child support

- ✓ Enter the household members for both households in the graph below.
- ✓ Mark members of the second household.
- ✓ Then, answer the questions about financial support and relationship.

Staff will use the information to calculate family size to determine federal poverty level.

***Skip these two questions if the child is in foster care or living with a guardian who receives a payment for care.**

First Name	Last Name	D.O.B.	Relationship to Child	Does the child's parent or guardian financially support this person?	Is this person related to the child's parent/guardian by blood, marriage, or adoption?

Child lives with:

- One** parent/guardian (Name) _____
- Two** parents/guardians in same household (Names) _____

- Two** parents/guardians in **two households**
If this is checked, answer the questions to determine which parents' income is counted for eligibility.

Does one household have primary legal custody? [] YES [] NO

If yes, which parent has primary custody? _____

Spouse of this parent, if any: _____

If no, does one parent receive child support payments from the other household? [] YES [] NO

If NO, we will count the income from the legal parent/guardian for each household. **Do not include spouses.**

If YES, which parent receives the child support payments? _____

Spouse of this parent, if any: _____

For Staff use only: Family size for FPL Chart _____

For children in Foster care or kinship care with a payment, count family size as ONE.

For all others, count people with YES for both questions above.

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ADDITIONAL FAMILY INFORMATION

Transportation and Service Area:

Do you live within our service area?

Yes No

Do you, your child, or family have any **ADDITIONAL un-met needs**? (Select all that apply)

Are you and your family safe?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you and your family have safe and adequate housing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are your families food needs met?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your family receive WIC?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your family utilize any community resources for food and/or visit food banks?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you seeking, or currently participating in substance abuse services?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you interested in, or currently pursuing job training?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you seeking employment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you interested in, or currently pursuing further education?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you seeking medical or dental services for your child/children?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you seeking domestic violence services?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is either parent/guardian pregnant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Is there anything you would like us to know about your child and/or family?

How did you find out about our programs? (Head Start, Early Head Start, ECEAP, and Childcare)

- | | | |
|---------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> DEL Website | <input type="checkbox"/> Community Event | <input type="checkbox"/> Flyer |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Caseworker |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Community agency | <input type="checkbox"/> Other: |

Emergency Contact

Name:	Name:
Relationship to Child:	Relationship to Child:
Phone:	Phone:
Address:	Address: