

## 2025-2026 Program Year

# Marion Forsman-Boushie Early Learning Center Enrollment Application

Dear Parent/Guardian,

Thank you for applying to the Marion Forsman-Boushie Early Learning Center for our Early Childhood Education Program and/or Childcare services. Please complete the application accurately and provide copies of the required documentation as needed. All information will be kept confidential and used to determine eligibility for services. Please note that Washington State DCYF ECEAP and Office of Early Head Start and Head Start services are free of charge to families. Additional childcare services may depend on availability and eligibility.

### Age Requirements:

- Early Head Start (EHS): Child must be 1 year old by August 31, 2025
- Head Start (HS) and Early Childhood Education & Assistance Program (ECEAP): Children must be 3 years old by August 31, 2025
- Infant Childcare: Available for infants starting at 6 weeks old
- Before and After School Childcare: Available for children in Kindergarten through Fifth Grade

### Family Size and Income:

To determine eligibility for Head Start/ECEAP, we need to know the number of people in your household and your total family income. This information helps us assess if your income is at or below the Federal Poverty Guidelines. For this purpose, "family" includes everyone living in the same household who relies on the income of the parent(s) or guardian(s) of the enrolling child, and who are related by blood, marriage, or adoption.

### 2025 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Persons in Family/Household	Poverty Guideline
1	\$15,650
2	\$21,150
3	\$26,650
4	\$32,150
5	\$37,650
6	\$43,150
7	\$48,650
8	\$54,150
<i>*For families/households with more than 8 persons, add \$5,500 for each additional person</i>	

**Disabilities:** 10% of the total enrollment for HS/EHS is prioritized for children with diagnosed disabilities; however, all families that have a child with a disability must still meet the income guidelines and provide supporting documentation.

**Waitlist Process:** After applications are submitted with all required documentation, they are verified, scored, and entered into ChildPlus. Waitlist letters are then sent to the mailing address provided by families. Enrollment selection is based on the needs of children and families, not on the application date.

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that providing incorrect information may result in the rejection of this application or termination of services. I will notify the Marion Forsman-Boushie Early Learning Center immediately of any changes in income, family size, residence, employment, or reasons for needing services.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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# APPLICATION INSTRUCTIONS

To ensure that you submit a completed application and to verify eligibility, please follow the directions below and provide copies of ALL documentation that applies:

<b>Age Verification: Bring ONE or MORE</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Birth Certificate (and)</li><li><input type="checkbox"/> Government document w/birth date</li><li><input type="checkbox"/> Medical card or records</li><li><input type="checkbox"/> Paternity affidavit</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Adoption papers</li><li><input type="checkbox"/> Court documents</li><li><input type="checkbox"/> IEP/IFSP</li><li><input type="checkbox"/> Medical record of birth</li><li><input type="checkbox"/> Permanent resident "green" card</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Child profile</li><li><input type="checkbox"/> Foster care authorization letter</li><li><input type="checkbox"/> Immunization record</li><li><input type="checkbox"/> Passport or visa</li><li><input type="checkbox"/> School records</li></ul>
<b>Legal Guardianship: Bring ONE or MORE</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Benefits letter (TANF, Food Stamps, etc)</li><li><input type="checkbox"/> 1040 (listing child)</li><li><input type="checkbox"/> Legal will describing relationship</li><li><input type="checkbox"/> School, hospital, clinic, other public health or social services agency record</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Adoption papers</li><li><input type="checkbox"/> Court order</li><li><input type="checkbox"/> In loco parentis</li><li><input type="checkbox"/> Passport or visa</li><li><input type="checkbox"/> Letter from social worker, school, lawyer or mental health professional</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Birth certificate</li><li><input type="checkbox"/> Foster care record</li><li><input type="checkbox"/> Insurance document stating relationship</li><li><input type="checkbox"/> DSHS records</li></ul>
<b>Tribal Enrollment: Bring ONE</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Tribal ID</li><li><input type="checkbox"/> Certificate of Tribal Enrollment</li></ul>	<b>Parent/Guardian Identification: Bring ONE</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Driver's License</li><li><input type="checkbox"/> State ID</li><li><input type="checkbox"/> Mortgage Statement</li><li><input type="checkbox"/> Lease Agreement</li></ul>	
<b>Residence: Bring ONE</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Driver's License</li><li><input type="checkbox"/> Utility Bill</li></ul>		
<b>Income: Bring ALL that apply</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Foster Care authorization letter</li><li><input type="checkbox"/> Retirement payment statement</li><li><input type="checkbox"/> SSI statement</li><li><input type="checkbox"/> Unemployment insurance (last resort)</li><li><input type="checkbox"/> Tribal income (taxable)</li><li><input type="checkbox"/> Written statement from employer as last resort</li><li><input type="checkbox"/> Spousal maintenance ("alimony") award letter, court order, DCS statement, copy of check, or signed statement from payer</li><li><input type="checkbox"/> Child support order for support paid, also view receipts, copy of cancelled checks or paystubs showing deduction</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Benefits letter/SNAP Benefits Letter</li><li><input type="checkbox"/> Military leave and earning statements</li><li><input type="checkbox"/> Self-employment statement 1099</li><li><input type="checkbox"/> TANF award letter</li><li><input type="checkbox"/> W-2 from previous year</li><li><input type="checkbox"/> Treaty Income Statement</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> College financial aid letter &amp; tuition fees</li><li><input type="checkbox"/> Paystubs for 12 months</li><li><input type="checkbox"/> Social Security (OASI or SSDI) statement</li><li><input type="checkbox"/> 1040 from previous year</li><li><input type="checkbox"/> Workers Comp. L&amp;I</li></ul>

To determine eligibility for enrollment, we require all necessary documentation and a completed application. If the application process is not completed, your child will be placed on the waitlist with an incomplete application. If you need assistance obtaining documentation, completing the application, or any other help, please contact one of the Support Coordinators listed below:

**Felicia Gonzales**

HS/ECEAP Family Services

[fgonzales@suquamish.nsn.us](mailto:fgonzales@suquamish.nsn.us)

(360) 394-8585

**Lenora Bagley**

EHS Family Services

[lbagley@suquamish.nsn.us](mailto:lbagley@suquamish.nsn.us)

(360) 394-7195

**Indika-Rose Bray**

Childcare Coordinator

[ibray@suquamish.nsn.us](mailto:ibray@suquamish.nsn.us)

(360) 394-8580

Please drop off completed applications to the MFBELC front desk (Monday through Friday, 7:30AM to 5PM) or submit via email to Felicia Gonzales or Lenora Bagley w/ all required documentation.

**Applications will not be accepted or considered complete unless all documentation is submitted with a completed application.**

## 2025-2026 Program Year

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

- |   |   |
|---|---|
| <input type="checkbox"/> Yusawiac Infant Care<br><input type="checkbox"/> Head Start or ECEAP (3-5 years old)<br><input type="checkbox"/> Additional Child Care to EHS/HS/ECEAP | <input type="checkbox"/> Early Head Start (1 & 2 years old)<br><input type="checkbox"/> Yusawiac Before & After School Child Care |
|---|---|

### CHILD INFORMATION

**Child Name:** \_\_\_\_\_

**D.O.B:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **Age as of 08/31/2025:** \_\_\_\_\_ **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

<b>Previous Enrollment:</b> (circle all that apply)	Early Head Start at MFBELC Early Head Start w/ a different agency Any birth to 3 yrs home visiting program ESIT Early Support for infants/toddlers	Head Start at MFBELC Head Start w/a different agency Migrant/Seasonal Head Start in WA
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<b>Disability:</b>	
This child has a suspected developmental delay or disability	[ ] YES [ ] NO
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: _____
IF this child has an IFSP/IEP, please provide documentation	

Race/Ethnicity of this child: (check all that apply)	
<input type="checkbox"/> American Indian/Alaska Native (doc required) - Specify:	
<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:	

<b>Primary Language:</b> (circle one) <b>English</b> <b>Spanish</b> <b>Other:</b> _____
<b>Secondary Language:</b> _____

Please specify your family type: (check 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 with this child, please complete this section: (circle one)

**Suquamish Tribal Welfare (TCW)**     
  **Other Tribal ICW**     
  **CPS**     
  **Other (with legal documentation)**

**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:**

Court Documents (copies)   
  Notarized Consent/Release   
  Power of Attorney   
  Third Party Custody

**If this child is in foster care or kinship care (living with a guardian who receives a payment for the child), fill in this section:**

Monthly grant or payment amount \$ \_\_\_\_\_ # of children covered by this grant amount: \_\_\_\_\_



## 2025-2026 Program Year

### PARENT/GUARDIAN INFORMATION

#### PRIMARY Parent/Guardian

<b>Name:</b>	<b>Date of Birth:</b>
<b>Relationship to Child:</b>	<b>Social Security #:</b>
<b>Home Address:</b>	
<b>Mailing Address:</b>	
<b>Primary Phone:</b>	<b>Secondary Phone:</b>
<b>Email Address:</b>	<b>Best method of contact:</b>

<b>Race/Ethnicity:</b> <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"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native Tribe: <input type="checkbox"/> Other Please specify:	<b>Primary Language:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
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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 & School/Work Information

**Highest Level of Education:**

<input type="checkbox"/> 6th grade or less	<input type="checkbox"/> 7th to 12th grade, no diploma or GED	<input type="checkbox"/> High school diploma or GED
<input type="checkbox"/> Some College	<input type="checkbox"/> Professional certificate	<input type="checkbox"/> Associate Degree
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Masters or Doctorate	

**PREVIOUS EMPLOYMENT/INCOME**

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

If **YES**, please provide 12 months of income documentation

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 hours per week (include class time, up to 10 hours of study time, and travel time) # hours: \_\_\_\_\_

Enter name of school or training organization: \_\_\_\_\_

Enter goal or major: \_\_\_\_\_

**Yusawiac 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: \_\_\_\_\_

## 2025-2026 Program Year

### PARENT/GUARDIAN INFORMATION

<b>SECONDARY Parent/Guardian</b>					
<b>Name:</b>			<b>Date of Birth:</b>		
<b>Relationship to Child:</b>			<b>Social Security #:</b>		
<b>Home Address:</b>					
<b>Mailing Address:</b>					
<b>Primary Phone:</b>			<b>Secondary Phone:</b>		
<b>Email Address:</b>			<b>Best method of contact:</b>		
<b>Race/ethnicity:</b>			<b>Primary Language:</b>		<b>Marital Status:</b>
<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"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <i>Tribe:</i> <input type="checkbox"/> Other <i>Specify:</i>		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
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
<b>Education, Income Verification &amp; School/Work Information</b>					
<b>Highest Level of Education:</b>					
[ ] 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			
<b>PREVIOUS EMPLOYMENT/INCOME</b>					
Did you receive income (employment, TANF, SSI, Child Support, Unemployment, taxable tribal income, treaty income, military payments) during the previous <u>12 months</u> ? [ ] Yes [ ] No					
If <b>YES</b> , please provide 12 months of income documentation					
If <b>NO</b> , describe reason parent does not have income:					
<b>Do you still have the income above?</b> [ ] Yes [ ] No					
<b>If no, and your circumstances have recently changed, please explain:</b>					
[ ] 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>					
<b>Have you registered in selective service?</b> [ ] YES    [ ] NO    [ ] N/A					
<b>Employer Information</b>					
Employer name: _____					
Phone: _____			Email: _____		
Hours per week: _____			Hours traveled to and from work: _____		
<b>School Information</b>					
Are you enrolled and/or attending college classes or job training? [ ] YES [ ] NO					
[ ] If <b>YES</b> , enter total # of hours per week (include class time, up to 10 hours of study time, and travel time) # hours: _____					
Enter name of school or training organization: _____					
Enter goal or major: _____					
<b>Yusawiac Workforce Information</b>					
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:		

## 2025-2026 Program Year

### 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.

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

**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 below:*

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.

ADDITIONAL FAMILY INFORMATION

**Service Area:**

Do you live within the boundaries of the Port Madison Indian Reservation? [ ] Yes [ ] No

**Do you, your child, or family have any ADDITIONAL unmet 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 family's food needs met?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your family receive SNAP? <i>(please provide documentation)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your family receive WIC? <i>(please provide ID#)</i>	<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?**

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

- |   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> Dept of Early Learning 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 Contacts	
Name:	Name:
Relationship to Child:	Relationship to Child:
Phone:	Phone:
Address:	Address:

Staff verifying eligibility Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Staff verifying eligibility Signature: \_\_\_\_\_