

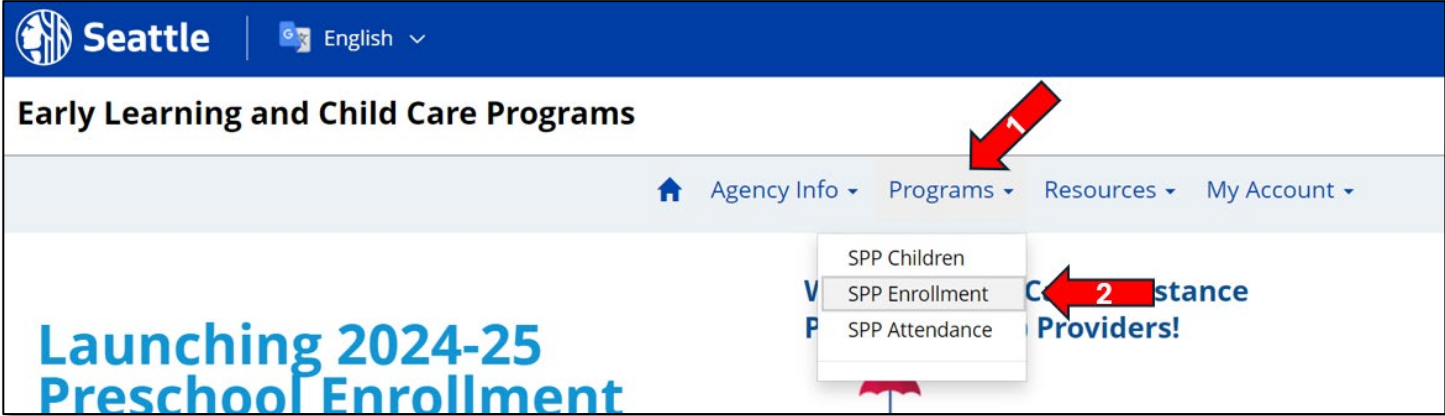
# Creating a New Enrollment in CHIPS

These step-by-step instructions walk you through how to create a new *Enrollment* in CHIPS for children in **SPP Pathway** and **SPP Agency-Selected** classrooms.

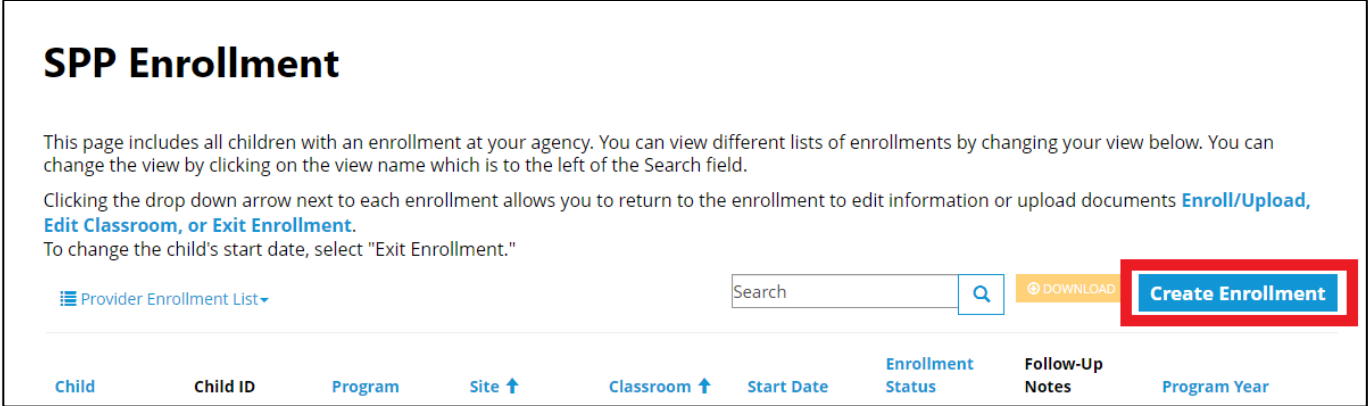
This enrollment process should take about ten minutes per enrollment and will need to be completed for each child enrolled. You will need to attach the child's supporting documents at the end of this enrollment input.

## Step 1: Navigate to SPP Enrollments

Log into [CHIPS](#), go to the *Programs*<sup>1</sup> Tab and select *SPP Enrollment*<sup>2</sup>.



You will be directed to the page below. Click the *Create Enrollment* button.



## Step 2: Enter Enrollment Information

Complete the fields for *Program (School) Year*, *Program*, *Program Aligned (SPP only)*, *Start Date*, *Site*, and *Classroom*.

### CREATING A NEW ENROLLMENT

For SPP classrooms, every child in the classroom must be entered into CHIPS. Please list the program as SPP and use the "Program Alignment" to delineate children who are "Agency-Selected Ineligible," "ECEAP" or "Head Start" blended.

For Pathway classrooms, every child should be entered into CHIPS, but only Pathway-funded children need documentation collected and submitted. Children not funded by Pathway are considered "Private Pay." Private Pay children must still have a consent signed in order to participate in the classroom and evaluation.

Program Year \*

Program \*

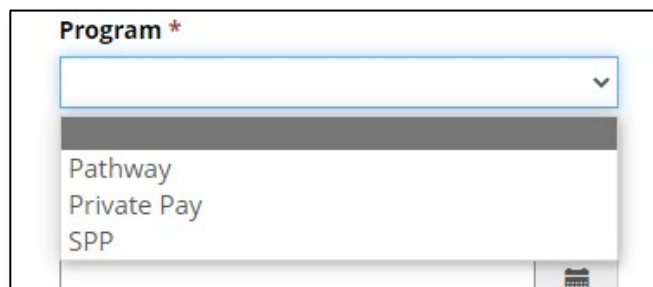
Start Date (MM/DD/YYYY)

Site \*

Classroom

### Program

Select the *Program* the child is enrolling in. Children in the *Pathway* classroom who are not in a Pathway-funded seat will be considered *Private Pay*. **All children in a classroom with any DEEL funding will need to be in CHIPS.**



Program \*

Pathway  
Private Pay  
SPP

### Program Aligned

This field will only display for SPP programs.

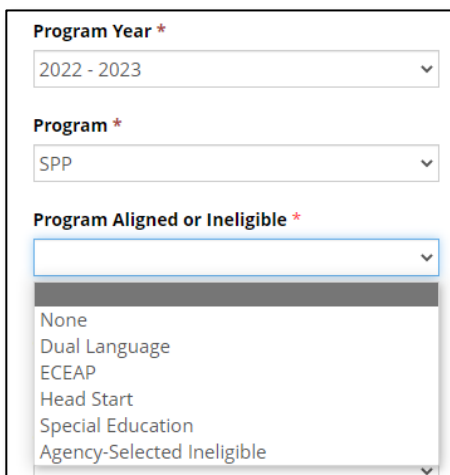
*Program Aligned* refers to a child enrolling in SPP who has been selected by the agency for one of the following designations:

Dually-enrolled in *Head Start* or *ECEAP* (This selection will display an FPL field)

*Dual Language Curriculum*

Receiving *Special Education* services

This is also where you'll indicate if this child's enrollment will be considered Ineligible for SPP (*Agency-Selected Ineligible*). This must already be negotiated in your contract.



Program Year \*

2022 - 2023

Program \*

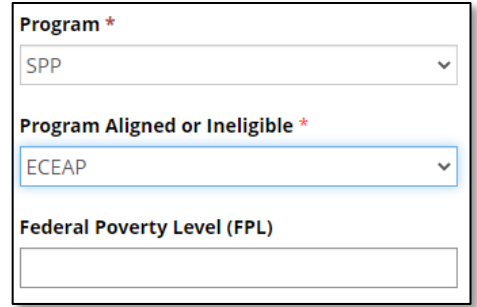
SPP

Program Aligned or Ineligible \*

None  
Dual Language  
ECEAP  
Head Start  
Special Education  
Agency-Selected Ineligible

*Federal Poverty Level (FPL)* only for ECEAP/Head Start program alignment

An FPL field will display for any SPP program-aligned children with *ECEAP* or *Head Start* alignment. ECEAP/HS children do not need to submit age or income documentation to SPP. For this reason, please enter the FPL percentage the agency calculated, and you will NOT need to enter income or Household members later in the process.

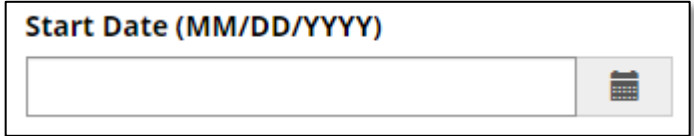


The screenshot shows a form with three fields. The first is a dropdown menu labeled "Program \*" with "SPP" selected. The second is a dropdown menu labeled "Program Aligned or Ineligible \*" with "ECEAP" selected. The third is a text input field labeled "Federal Poverty Level (FPL)".

### Start Date

The *Start Date* is the first day the child attends the program. This date should reflect the first day the child is in the classroom. DEEL will use this date to calculate attendance, days a child is in the classroom as it pertains to screenings and assessments, etc. Please leave it blank unless you know the first day the child will be in the classroom. You may have to return to this enrollment later and add the start date. Providers are responsible for editing this start date

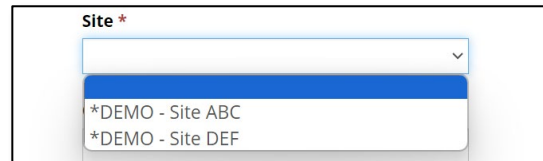
**within five days of the child starting. This is also critical for ensuring tuition-paying families receive their tuition bill on time.**



The screenshot shows a text input field labeled "Start Date (MM/DD/YYYY)" with a calendar icon to its right.

### Site

Select the drop-down arrow to select the site the child will be attending.



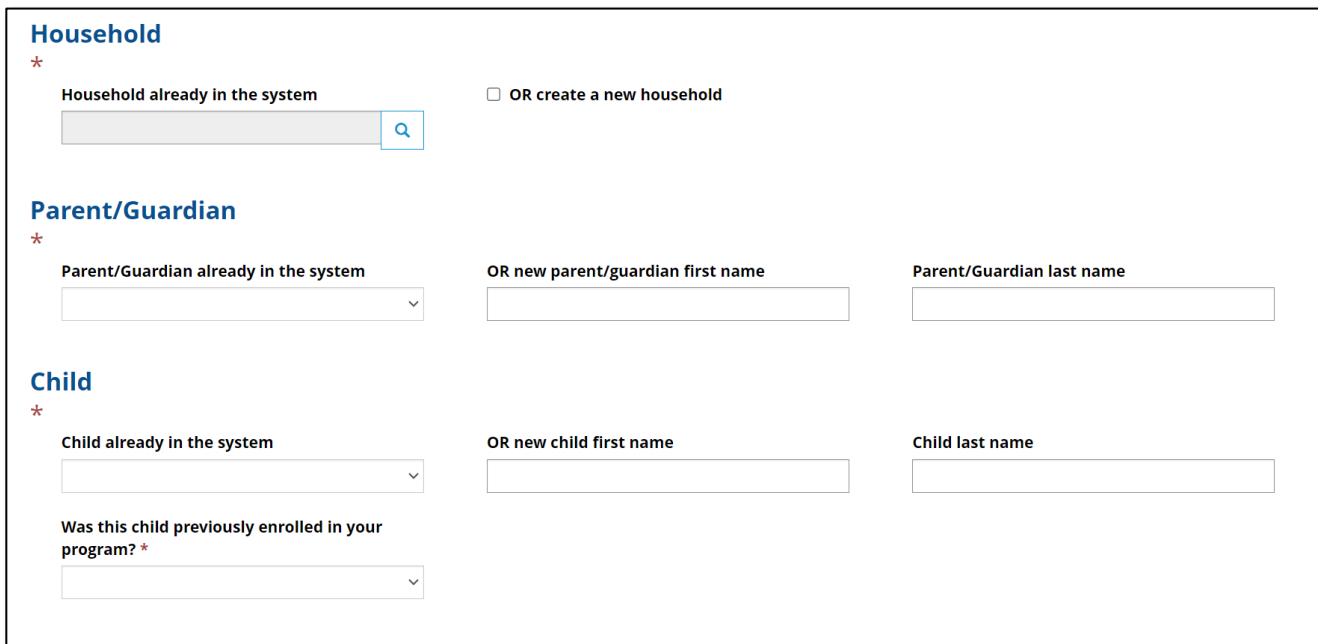
The screenshot shows a dropdown menu labeled "Site \*" with two options: "\*DEMO - Site ABC" and "\*DEMO - Site DEF".

### Classroom

Select the drop-down arrow to select the classroom the child will be in. Only the classrooms for the site you just selected will display. The classroom can be edited later, so if the classroom is not yet identified for this child you may leave this blank and update later.

## Step 3: Enter Household and Child Information

Either locate an existing *Household*, *Parent/Guardian* and *Child* or create a new one.

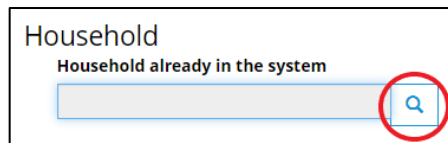


The screenshot shows a form with three main sections: "Household", "Parent/Guardian", and "Child". Each section has a dropdown menu for "already in the system" and a checkbox for "OR create a new [entity]". The "Parent/Guardian" and "Child" sections also have text input fields for first and last names. At the bottom, there is a dropdown menu for "Was this child previously enrolled in your program? \*".

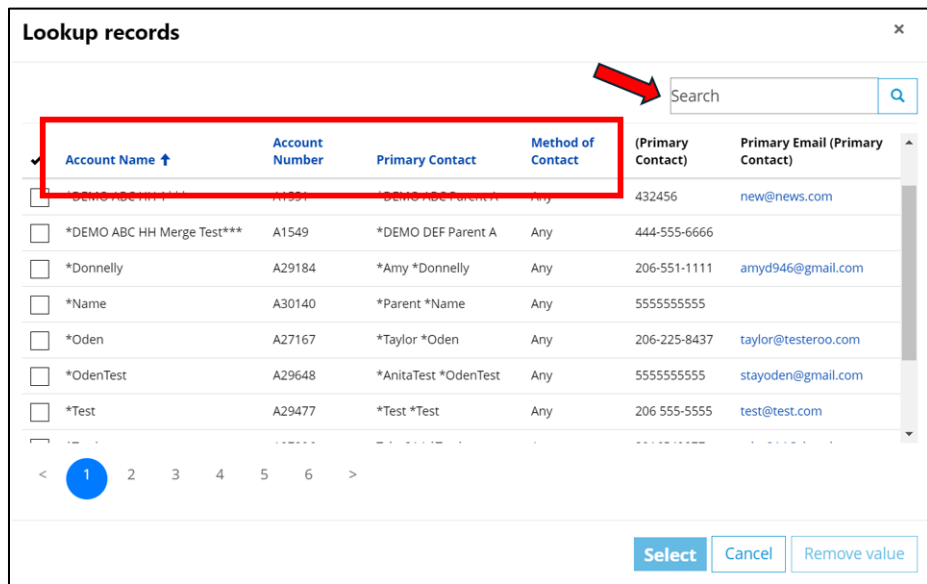
If this child or their sibling has been enrolled at your agency before, you can search for them and use existing information, rather than entering all the information again. **Searching for existing households will help prevent duplicated accounts in CHIPS and will minimize your data entry.**

### Existing Household

If you know the family has an existing relationship with your agency or aren't sure, click on the magnifying glass. [Only click "Create a new household" if you know the family doesn't have an existing relationship with your agency. Skip to the *New Household* steps below.]



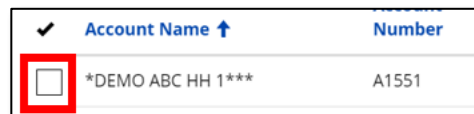
A pop-up window will open and display a list of households already associated with your agency. (This is your whole agency, not just individual site).




To select an existing *Household*, either scroll through the accounts or use the search box.

- The search box will only search in the blue columns. (It will not find results for phone number or email address.)
- *Account Names* are most often listed under the primary parent's last name.
- Clicking on a blue column header will re-sort the list alphabetically by the column you selected. This may be most helpful on the Primary Contact column to sort by the parent's first name.

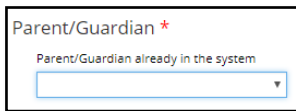
Once you've located the correct *Household*, select by checking the box to left of *Account Name*.



Click  once you're finished.

### Existing Parent/Guardian

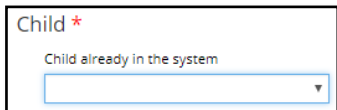
Click the drop down to see the list of adults in the *Household* you selected. The *Primary Parent/Guardian* should be on this list already. Click on the name.



If you're confident that you selected the correct *Household*, but you don't see the name of the parent you expect, please do NOT continue. Rather, please create a new *Household* (skip to that step below) and let your Program Intake Representative resolve duplicate accounts, if necessary. It's better for you to create duplicate households/children than to inadvertently enroll a child in the wrong household.

### Existing Child

Click the drop down to see the list of children in the household you selected. Select the name of the child you're enrolling.



If the child you expect to see is not listed, and the household/parent are accurate, enter the first/last name of the new child in the fields to the right.

OR new child first name	child last name
<input type="text"/>	<input type="text"/>

*New Household*

If you have confirmed the family doesn't have an existing relationship with your agency, click "Or create a new household."

OR create a new household

*New Parent/Guardian*

Enter the primary parent/guardian's first and last name.

OR new parent/guardian first name	parent/guardian last name
<input type="text"/>	<input type="text"/>

*New Child*

Enter the child's first and last name.

OR new child first name	child last name
<input type="text"/>	<input type="text"/>

*Previously Enrolled*

If this child was previously enrolled in your program as either a rising three-year old or a non-city-funded child, then you would answer "Yes" to *Was this child previously enrolled in your program?*

Was this child previously enrolled in your program? \*

Press *Next* to continue.

## Step 4: Complete the information for the Child.

You will notice that many data fields may say “your child.” This is because parents will also use these web pages to enroll their children. Please know that, for providers, you can interpret these fields as “this child.”

### Child Information

Please enter information about the child you are enrolling.


Seattle is a Welcoming City because we believe in inclusion and equity. City employees do not ask about citizenship status and serve all residents regardless of immigration status. Immigrants and refugees are welcome here.

**Required Fields \***

First Name \*

Middle Name

Last Name \*

Birth Date \*  


How does this child identify?

Language child learned first \*

Language spoken most at home \*

This person is supported by parent/guardians' income

The drop-down list of languages is compiled from the most commonly listed languages from families over the last three years. If the language the family listed is not included in this list, please select “Other” and a new field will appear to enter the language.

Language child learned first \*

Other

Other first learned language

“This person is supported by parents’ income” checkbox can be found on the household member page of the SPP paper/pdf *Enrollment Packet*. It’s assumed that if the parent/guardian is enrolling this child, the parent/guardian supports the child financially. If you have reason to think this is not the case, please contact your PIR to clarify.

Race/Ethnicity is required.

**Race/Ethnicity \***

- American Indian/Alaskan Native
- Asian
- Black/African American
- Hispanic/Latino of any race
- Native Hawaiian/Other Pacific Islander
- North African/Middle Eastern
- White

Once you select a race (from the Federal 7 categories,) a list of ethnicities for that category will display.  
 Select *Next* to continue.

Step 5: Complete the information for the primary Parent/Guardian.

### Primary Guardian Information

Please enter information about the parent/guardian of the child enrolling.

Required fields \*

<p><b>General</b></p> <p>First Name *  <input style="width: 90%;" type="text" value="*Parent"/></p> <p>Middle Name  <input style="width: 90%;" type="text"/></p> <p>Last Name *  <input style="width: 90%;" type="text" value="*Name"/></p> <p>Date of Birth  <input style="width: 90%;" type="text"/> </p> <p>Relationship to child *  <input style="width: 90%;" type="text"/></p> <p>Preferred Language for Communication *  <input style="width: 90%;" type="text"/></p> <p>Language spoken most at home  <input style="width: 90%;" type="text"/></p> <p><input type="checkbox"/> This person has no income</p>	<p><b>Contact Information</b></p> <p>Primary Email  <input style="width: 90%;" type="text"/></p> <p>Primary Phone *  <input style="width: 90%;" type="text"/></p> <p>Primary Phone Type *  <input style="width: 90%;" type="text"/></p> <p><input type="checkbox"/> Allow SPP to Text Updates</p> <p>Alternate Phone  <input style="width: 90%;" type="text"/></p> <p>Alternate Phone Type  <input style="width: 90%;" type="text"/></p>
--	--

Please enter all required fields (\*) and **do not use your own email address** as it will interfere with your CHIPS permissions and lock you out.

If this person has no income (as listed on the household member/income page,) please check this box. This helps the PIR determine which adults have income to calculate.

Select *Next* to continue.

## Step 6: Enter additional information about the child for this school year.

**Enrollment Information**  
Please enter information about this child and this enrollment year.

Program Year *	Provider	Site
2024 - 2025	DEMO - Agency ABC	*DEMO - Site ABC

Is the child in foster care/kinship care (full-time care of child by relatives or suitable others)?  
 No  Yes

Does this family either own or rent their own home?  
 No  Yes

During school hours, does the child need help with a medical condition? (I.e. allergies, diabetes, blood sugar, seizures, eye/ear drops)?  
 No  Yes

Does this family need before/after care outside of the 6 hours of SPP programming?  
--

Would you like to send the parent an email invitation to complete their child's enrollment?  
 No  Yes

[Back](#) [Next](#)

“Is this child in foster care/kinship care (full-time care of child by relatives or suitable others)?” is intended to identify families who are in foster and/or kinship care arrangements. If you mark yes, the family will not need to provide income verification, but please have them complete the self-attestation for foster/kinship care form and upload it at the end.

“Does this family either own or rent their own home?” is intended to identify families experiencing housing instability (using the McKinney-Vento definition of homelessness.) Note these families will also not need to submit income information.

“Does this family need before/after care outside of the 6 hours of SPP programming?” is intended to help DEEL identify families that may be eligible for the Child Care Assistance Program if they are participating in extended day hours.

“Would you like to send the parent an email invitation to complete their child’s enrollment” this option will only display if you entered an email address for the parent/guardian. If you select “yes” then an option to “Save and Send Parent Invitation” will display. After you select that option, an email will be sent to the parent/guardian to create a parent portal account and they will then be able to finish their enrollment through the parent portal. You will be taken back to your enrollment list.

Select *Next* to continue.



## Step 7: Enter address information for the household.

DEEL Early Learning P... > Seattle Preschool Pro... > Enrollment

### Address Information

Please enter the address of the child's parent/guardian. Physical addresses must be within the city of Seattle.

Use this link to confirm address eligibility: <https://www.seattle.gov/council/meet-the-council/find-your-district-and-councilmembers>.

**Family experiencing homelessness or housing instability?**  
If a family recently started experiencing housing instability, please fill out a "Housing Affidavit Form" which will be provided at the end and available for you to upload.

**Family has a confidential address?**  
If a family is enrolled into the Address Confidentiality Program, please upload the "Address Confidentiality Program" card at the end.

**Does the family have any safety concerns as it pertains to reporting/verifying their address with DEEL? If yes, DEEL will contact the family directly to verify program eligibility.**

No  Yes

### Physical Address

Street address (if experiencing homelessness, list nighttime address) \*

700 5th Ave

Apartment, suite, unit, etc.

City \*

Seattle

State \*

WA

ZIP/Postal Code \*

98104

### Mailing Address

Same as physical address

Street address (exclude apt/suite/unit #) \*

700 5th Ave

Apartment, suite, unit, etc.

City \*

Seattle

State \*

WA

ZIP/Postal Code \*

98104

[Back](#) [Next](#)

### Address Confidentiality Program

Parents who have a confidential address through the state do not need to offer their physical address, but should offer their mailing address. The mailing address does not need to be within Seattle. Please ensure you submit the ACP card when submitting address documents.

### Safety Concerns with sharing address

For parents not officially enrolled in the confidential address program, but who fear for their safety by offering their address, they will be contacted by DEEL directly to verify their address eligibility. The mailing address does not need to be within Seattle.

### Unhoused or Homeless

If the family is experiencing housing instability, please identify their nighttime address, which must be in Seattle. This may be an address that is near their approximate/temporary location, if needed. Please make an effort to collect a mailing address for the family.

Select *Next* to continue.

## Step 8: Enter ALL household members.

### Household Member Information

Please add all members of your household here. This should include anyone who lives at the same residence, is financially supported by the primary parent/guardian, and is related by blood, marriage, or adoption to the primary parent/guardian.

Please be sure to list all children in the household. Failure to enter each household member may result in incorrect eligibility determination by the Program Intake Representatives, so please ensure all household members are included below.

If you would like to remove someone from this list, select "edit", and then remove the member by clicking the "Remove person from household" checkbox.

Full Name ↑	Relationship to Child	Primary Phone	Primary Email	Preferred Language	This person has no income	This person is supported by parent/guardian's income	
*Child *Name						true	<a href="#">Edit</a>
*Parent *Name	Mother	5555555555		Other		true	<a href="#">Edit</a>
*Parent2 *Name	Mother			English		true	<a href="#">Edit</a>

It is *very important* to enter all adults and children in the household. Failure to enter all household members will impact the calculation of the family's state median income (SMI) which will impact their eligibility determination or their tuition amount.

**Children** enrolling in either *Private Pay*, or *SPP* and program aligned with *ECEAP* or *Head Start* will not see the Household Member page. Please note for *ECEAP* or *Head Start* if the submitted address verification only includes the name of the *Secondary Guardian* please contact your DEEL enrollment staff so we can add that household member in CHIPS.

### Adding an Adult

Click [Add Adult](#) on household member information page.

Enter all required fields. Be sure to select “This person is supported by parents/guardians’ income” and “This person has no income” if applicable.

Select *Next* when finished.

### Household Adult

Please enter information about the household member.

A household member is someone who lives with the parent(s) of the child, who is supported by the income of the parent(s) in the household, and who is related by blood/marriage/adoption to the parent applicant.

<b>General</b>	<b>Contact Information</b>
<input type="checkbox"/> Remove Person from Household	Primary Email <input type="text"/>
First Name * <input type="text"/>	Primary Phone <input type="text"/>
Middle Name <input type="text"/>	Primary Phone Type <input type="text"/>
Last Name * <input type="text"/>	<input checked="" type="checkbox"/> Allow SPP to Text Updates
Date of Birth <input type="text"/>	Alternate Phone <input type="text"/>
Relationship to child * <input type="text"/>	Alternate Phone Type <input type="text"/>
Language spoken most at home <input type="text"/>	
<input checked="" type="checkbox"/> This person is supported by parent/guardians' income	
<input type="checkbox"/> This person has no income	

[Back](#) [Next](#)

### Adding a Child

Click [Add Child](#) on household member information page.

### Household Child

Please enter information about the child(ren) in your household.

This child must live with the parent/guardian, be supported by the income of the parent/guardian(s), and be related by blood/marriage/adoption to the parent/guardian applicant.

Remove Person from Household

First Name \*

Middle Name

Last Name \*

Relationship to enrolled child

Birth Date \*

How does your child identify?

This person is supported by parents' income

[Back](#) [Next](#)

Enter all required fields. Click *Next* when finished.

*Removing a household member from the list*

Especially for existing households, you may see a person listed who shouldn't be (anymore.) If that's the case, from the Household Member list, select the drop-down arrow next to their name and click Edit.

Full Name ↑	Relationship to Child	Primary Phone	Primary Email	Preferred Language	This person has no income	This person is supported by parent/guardian's income	
*DEMO ABC Parent A	Mother	111-222-3333		English		true	Edit

Select the box next to "Remove Person from Household." This will remove them from the list. You cannot remove the child you're enrolling.

### General

 Remove Person from Household  
First Name \*  
\*Parent  
Middle Name  
Last Name \*  
\*Name  
Date of Birth

### Contact Information

Primary Email  
Primary Phone  
5555555555  
Primary Phone Type  
Cell Phone  
 Allow SPP to Text Update  
Alternate Phone

Select *Next* when finished confirming all the household members.

## Step 9: Enter household income information.

\*Children enrolling in either Private Pay, or SPP and program aligned with ECEAP or Head Start will not see the income page. Families experiencing homelessness or in foster/kinship care arrangements do not need to verify income.

For SPP children who are considered *Agency-Selected Ineligible*, income verification is not required. Simply click *Next* without entering income information.

Please enter all income sources for the household if it's listed on the enrollment packet

### Household Income

- The Seattle Preschool Program uses information entered below to help determine how much tuition, if any a family may will owe.
- Use the "Submit income information" button to enter information about your household income.
- Include all types of income for all primary parent(s)/guardian(s) in the home. Consider wages, unemployment, child support, SSI, TANF, etc. If an adult in the household does not have income, please be sure to check that box for them on the previous "Household Members" page. You will be asked to provide documentation of your income at the end.
- If the family has a kinship/foster care relationship with the child that is enrolling, they will not be required to submit income documentation but will need to submit age documentation, address documentation, and a "Self-Attestation for Foster & Kinship Care" Form.
- Families that are experiencing homelessness will not be required to submit income documentation.

**Would the family prefer to accept full tuition and not submit income documentation?**  
Please submit income information below and select "Opt out of income" in the **Income Source** field and have the family sign the "Opt out of Income Form".

**Family has no income?**  
Please submit income information below and select "No Income" in the **Income Source** field and have the family sign the "Declaration of No Income Form".

[Submit income information](#)

Household Member	Start Date ↑	Employer	Source	Amount
------------------	--------------	----------	--------	--------

For all income types, please click

### Income Information

Please let us know the type of income a primary parent(s)/guardian(s) in the household may have. You may follow the steps below depending on the circumstances.

**Are they employed by an employer?:**

Please select "Employment" as their income source. Enter the name of their employer, the job title, and annual gross amount. They will be asked to provide paystubs for the last 3 months or an offer letter if they just started new employment and you will upload those documents at the end.

**Are they self-employed or an independent contractor?:**

Please select "Employment" as their income source. Enter "Self-Employed" as their employer's name, their job title and annual gross amount. They will need to fill out a "Self-Employment Form" and you will upload the form and the supporting documentation at the end.

**Are they a household with zero income?:**

Please select "no income" as your income source. They will be asked to fill out a "Declaration of No Income" form and upload at the end.

**Are they a household that would not qualify for sliding scale tuition?:**

Please select "Opt out of income" as the income source. They will not need to provide income documentation and will be paying full tuition for the school year. They will need to fill out an "Opt out of Income Form" and you will upload at the end.

**Are they receiving child support or paying child support?:**

Please select "Child Support Received or Child Support Paid" as their income source. Enter the annual amount. They will need to fill out a "Child Support Form" and you upload supporting documentation at the end.

**Are they a household that has unearned income?:**

Please select the type of unearned income as the income source. They will need to provide documentation for what has been received for the last 3 months and you will upload documentation at the end.

No income documentation is needed and the family will be paying full tuition for the school year. They will need to fill out an "Opt out of Income Form" and you will upload at the end.

Family Member \*

Income Source \*

Annual Income \*

Start Date \*

End Date

*Family Member*

Select a family member for this income by clicking on the drop down. If the adult isn't listed, please click back to the household page and add them.

*Income Source*

Select the type of income. If the income is from employment, two new fields will appear:

Employer	<input type="text"/>
Job Title	<input type="text"/>

Please review the paystubs submitted and enter the employer name and job title, if possible.

If the family is accepting full tuition, they will need to submit an “Opt-Out of Income” form with their signature as their “income verification.”

By clicking "Next," I understand I will be responsible for paying the full annual tuition amount for the **2023 - 2024** school year for six-hours per day, Monday-Friday, for the Seattle Preschool Program. I also understand that I am responsible for paying any fees associated with extended day care for my child (outside the six-hour SPP day,) directly to my provider.

Please contact [SPPbilling@seattle.gov](mailto:SPPbilling@seattle.gov) with specific questions.

**Family Member \***

\*DEMO ABC Parent A

**Income Source \***

Opt out of Income

**Start Date \***

3/16/2023

If the family doesn't have any income, select the “No Income” option under Income Source.

Cash benefits like TANF and SSI are considered verifiable income. If your family has no verifiable income, you will be asked to submit a declaration of no income when uploading your income documents. If you have no income, please click "Next."

The "Declaration of No Income" form is available on the final page of this enrollment process or by contacting [preschool@seattle.gov](mailto:preschool@seattle.gov).

**Family Member \***

\*DEMO ABC Parent A

**Income Source \***

No Income

**Start Date \***

3/16/2023

#### Annual Income

Enter the annual gross income before deductions and taxes. This can simply be what the parent wrote on the form.

#### Start Date

This is when the income started. It's likely you won't have this information, so please identify the date on the earliest paystub offered (income documents should have dates. However, if you are unable to enter the earliest date, enter today's date.)

## Step 10: Enter consent responses.

### OPTIONAL CONSENTS

By participating in the Preschool Program, parents/legal guardians agree to all the above. The following are *optional* consents.

**Program evaluation:** DEEL may contract with an external evaluator to assess how classroom quality influences children's learning. External researchers may also conduct child-friendly assessments in language, literacy, math, and behaviors that help children learn. You may opt out at any time. I give permission for my child to participate in child-level assessments for program evaluation.

**Sharing intake documents:** Your preschool or childcare provider may request documents from you for administrative purposes. For your convenience, DEEL may share documents submitted to the City with your provider. I give DEEL permission to share proof of age, address, or income documents with my provider.

**Photo/Video:**

I give permission for my child to be photographed or videotaped for: Internal-only training and educational purposes related to teacher quality improvement. The teacher is the focus of any recording for feedback purposes and all videos remain confidential until deleted (two weeks)\*

I give permission for my child to be photographed or videotaped for: Teacher evaluation through an external evaluator; the teacher is the focus of any recording for evaluation purposes, only reviewed by the evaluators (recordings retained for two weeks)\*

I give permission for my child to be photographed or videotaped for: Public Health official guidance; the classroom environment is the focus of any recording for evaluation purposes, only reviewed by public health partners (recordings retained for two weeks)\*

I give permission for my child to be photographed or videotaped for Promotional purposes: digital, print, and video related to the City's preschool programs (continuous consent)

**Communication with DEEL:**

DEEL may contact you during the intake process and with occasional enrollment-related communication. If you would like to be contacted for other reasons, please check the boxes below.

- Participation in interview or funding panels for DEEL or other City departments
- Email updates from the Department of Education and Early Learning
- Media interviews, quotes or input

**Program Consent \***

To revoke any of these consents at any time, please contact DEEL directly in writing at [preschool@seattle.gov](mailto:preschool@seattle.gov) or The Seattle Preschool Program, PO Box 94665, Seattle, WA 98124.

\*DEEL/City of Seattle is an agency subject to the Public Records Act (PRA) and while the foregoing represents DEEL's operating policy and intended practice, DEEL will comply with any legal obligations requiring preservation or release of records, while asserting any available exemptions or objections.

### REQUIRED PARENT/GUARDIAN SIGNATURE

By signing below, I 1) consent to my child participating in DEEL's Preschool Program, 2) confirm I have read the Privacy Statement, and 3) confirm I authorize the sharing of data as initialed above. I understand that my participation may be terminated from the program if it is found that I have provided false information, including but not limited to: not providing all the information required to determine eligibility and/or falsifying documents.

Program consent must be yes. If the parent did not sign the consent, please follow-up with the parent. It must be signed.

Select *Next* to continue.

# Step 11: Review the information.

If any information needs to be edited, click [Edit](#) to return to that page.

DEEL Early Learning P... > Seattle Preschool Pro... > Enrollment

## Review & Submit

Please review the information you have entered. If you need to make changes, click on the "Edit" button in the section that you need to edit. If you find yourself unable to edit, please contact us. You will be given an opportunity to upload documentation on the next page.

When everything looks correct, please click Next.

### Child Information

First Name: Testing [Edit](#)  
Middle Name:  
Last Name: Child  
Birth Date: 02-01-2018  
Identifies As: Female  
Language child learned first: English  
Language spoken most at home: English  
White: Yes

---

### Parent/Guardian Information

First Name: \*DEMO ABC [Edit](#)  
Last Name: Parent A  
Relationship to Child: Mother  
Preferred language for communication: English  
Email Address:  
Primary Phone: 111-222-3333  
Primary Phone Type:  
Alternate Phone:  
Alternate Phone Type:  
Texting Allowed: No

---

### Enrollment Information

Is child in foster care or kinship care? No [Edit](#)  
Does family own/rent home? Yes  
Required help with medical condition?

---

### Household Information

Physical Address 1: 700 5th Ave  
Physical Address 2:  
Physical Address City: Seattle  
Physical Address State: WA  
Physical Address ZipCode: 98104  
Confidential Address: No  
Mailing Address 1: 700 5th Ave  
Mailing Address 2:  
Mailing Address City: Seattle  
Mailing Address State: WA  
Mailing Address ZipCode: 98104  
Address Safety Concerns: No [Edit](#)

---

### Household Members

Name	Relationship	Preferred Language	Email	Primary Phone	Income	Supported by Parent guardians' Income
*DEMO ABC Parent A	Mother	English		111-222-3333	Yes	Yes
Testing Child	Child	English			No Income	Yes

---

### Income

Household Member	Start Date	End Date	Employer	Source	Amount
*DEMO ABC Parent A	03-16-2023			No Income	N/A

---

### Consent

Program Evaluation: Yes [Edit](#)  
Sharing Intake Documents: No  
Photo/Video Consent: No  
Participate in Interview: No  
Email Updates: No  
Media Interviews: No  
Interested in CCAP: No  
Program Consent: Yes

---

[Back](#) [Next](#)

You will be able to return to this page and edit information until you submit the enrollment for review. Click *Next* to continue.



## Step 12: Upload required documents

### Upload Supporting Documents

For specific enrollment requirements, please connect with your enrollment coordinator.

**To successfully upload a document, you must:**

1. Select a document type
2. Click the "Choose File" button
3. Select the file to upload
4. Click the "Upload" button

**Once you have uploaded all required documents for this enrollment:**

1. Click "Next" to see a list of the uploaded documents
2. Confirm that the all required files have been uploaded, including:
  - o Enrollment Packet/Consent
  - o Proof of address (1-2 documents)
  - o Proof of child's age (1 document)
  - o Proof of income (All necessary)

**If the enrolling family is in any of the following circumstances, they will be asked to fill out additional enrollment forms which can be found below:**

- **Are they experiencing housing instability and unable to provide appropriate address documentation?**  
They would need to fill out a "Housing Affidavit" and you'll upload supporting documentation, if needed.
- **Are you enrolling a child that they have a kinship/foster care relationship?**  
They would need to fill out a "Self-Attestation for Foster & Kinship Care" Form and you'll upload.
- **Are you self-employed or an independent contractor?**  
They would need to fill out a "Self-Employment Form" and upload supporting documentation.
- **Are you a household with zero income?**  
They would need to fill out a "Declaration of No Income" form and upload.
- **Are you receiving child support or paying child support?**  
They would need to fill out a "Child Support Form" and upload supporting documentation.

#### Additional Enrollment Forms

[Declaration of No Income](#)  
[Self Employment Form](#)  
[Housing Affidavit](#)  
[Child Support Form](#)  
[Self Attestation for Foster & Kinship Care](#)

Document Type \*

### Documents Acceptable for Verification

*Click the header to collapse or expand the section.*

The following list of documents is acceptable for demonstrating child age, address and income for The Department of Education and Early Learning's (DEEL) preschool and child care programs.

#### Childs Age

#### Age Verification Information

All programs have an age requirement. Submit **ONE** document from this list:

- Birth certificate
- Medical record
- Immigration documentation with birthdate
- Passport
- Government issued ID

#### Address

*Only families who live in the City of Seattle are eligible for DEEL programs. For families in transition, experiencing homelessness, or otherwise unable to provide the below documentation, please contact DEEL for a **Housing Affidavit Form**.*

Documents need to include the parent/guardian's full name and be dated within the last three months. Documents cannot be personal correspondence or the outside of envelopes. Please provide document(s) from two options below:

<b>Option 1:</b> Submit <b>ONE</b> document from this list:	<b>Option 2:</b> Submit <b>TWO</b> documents from <u>two different sources</u> from this list:
<ul style="list-style-type: none"><li>• Utility bill (<i>gas, water/garbage, internet, light/electrical, cable, landline phone</i>)</li><li>• Home/renter's insurance</li><li>• Mortgage document</li><li>• Signed rental lease (current)</li><li>• Housing agency letter (current)</li><li>• Rental receipt (current)</li></ul>	<ul style="list-style-type: none"><li>• Insurance document (<i>health, car, etc</i>)</li><li>• Benefits document from the agency (<i>DSHS, SSI, paystub, etc</i>)</li><li>• Financial document (<i>bank statement, retirement, credit card statement, etc</i>)</li><li>• Other bills</li><li>• Driver's license (non-expired; can only submit one per household)</li></ul>

#### Income

If you're unsure which documents are required for this enrollment, please contact Program Intake Representative to clarify.

Forms are available for quick download under "Additional Enrollment Forms" at bottom left hand side of this screen.

Select the Document Type

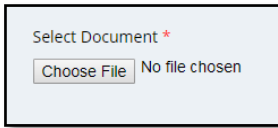
Document Type \*

- Enrollment Packet
- Mass Scan
- Proof of Address
- Proof of Child's Age
- Proof of Income

Select the type of document you plan to upload. If you're only uploading consent (For *Private Pay* children or for SPP *Agency-Selected Ineligible* children), upload it as the "Enrollment Packet".

The Mass Scan option should be used if you are uploading all documents (EP, Age, Address, Income) as one single PDF.

Locate the file on your computer by clicking "Choose File" and navigating your files.



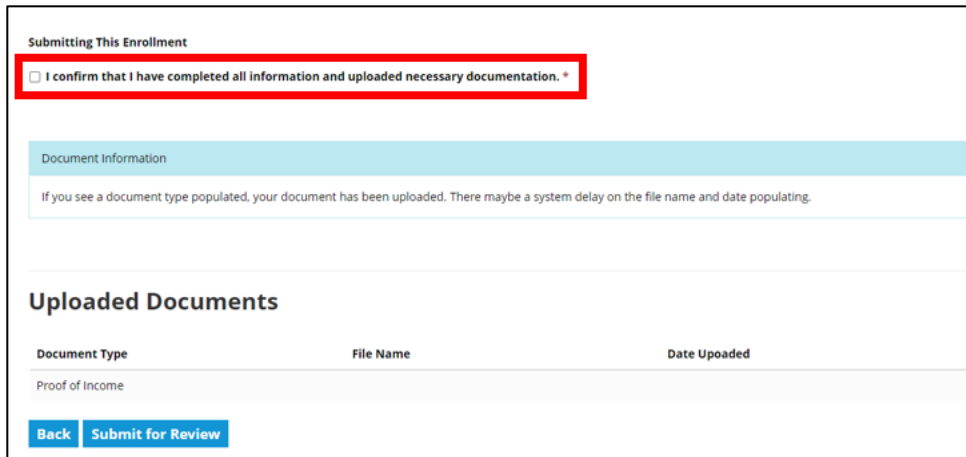
Click [Upload](#)

## REMINDER:

The signed consent page (with the parent signature) should be uploaded for proof of consent.

When you're done uploading documents, click [Next](#)

## Step 13: Confirming and Submitting



Document Type	File Name	Date Uploaded
Proof of Income		

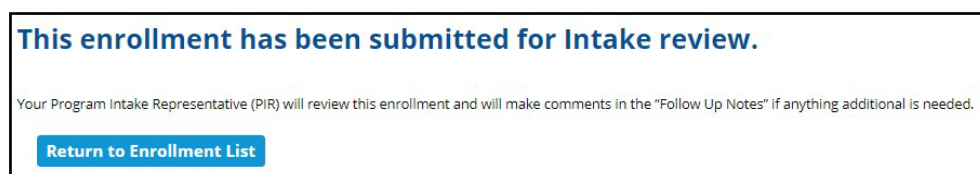
If you've uploaded all required documents, click "I confirm all required documents have been uploaded." This will send the enrollment straight to the Program Intake Representative to review. Then click "Submit for Review."

If you have not uploaded all required documents, click "Back" and return to this enrollment to upload documents later.

**IMPORTANT:** You must *both* click "I confirm all required documents have been uploaded" and "Submit for review" in order for this enrollment to go to the PIR.

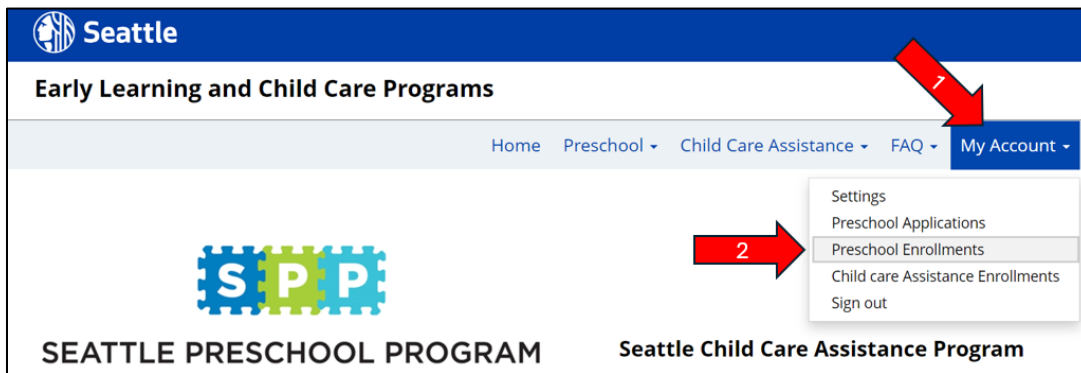
## Step 14: Finish

Congratulations! The screen below indicates that your submission is complete.



# Edit an Enrollment or upload additional documents

Step 1: Return to the Enrollment page (Programs Tab > SPP Enrollment)



Step 2: Locate the child, click the drop-down-arrow on the right and select *Enroll/Upload*.

Provider Enrollment List Search DOWNLOAD Create Enrollment

Child	Child ID	Program	Site ↑	Classroom ↑	Start Date	Enrollment Status	Follow-Up Notes	Program Year
Test Child Parent Portal	C113392	SPP	*DEMO - Site ABC			In Process		2024 - 2025
2.26 Child Email 1.0	C113394	SPP	*DEMO - Site ABC			In Process		2024 - 2025
2024 EN Child Test	C113388	SPP	*DEMO - Site ABC			Pending		2024 - 2025
Test Sauter	C108885	SPP	*DEMO - Site DEF	*Temporary Classroom 2023-24	9/1/2023	Pending		
Test* Sauter	C108963	SPP	*DEMO - Site	*Temporary	8/1/2023	Pending		

- Enroll/Upload
- Edit Classroom
- Edit Start Date
- Exit Enrollment

Step 3: Navigate to the appropriate page.

Depending on how far you've gotten in the enrollment, you'll be directed to different pages.

If you did not make it all the way to the *Review & Submit* page, you will start at the first page - *Child Information*. Any information you already entered will still be there and you can either modify it, or simply click *Next* to advance to the next page. Click through each page, updating as needed.

If you made it beyond the *Review & Submit* page, upon clicking "Enroll/Upload," you'll be directed to the Review & Submit page. You can edit any section by clicking [Edit Information](#).

Clicking *Next* will take you to the supporting documents page where you can upload additional documents. Follow Step 12 (above) and beyond.