

Creating a New Enrollment in CHIPS

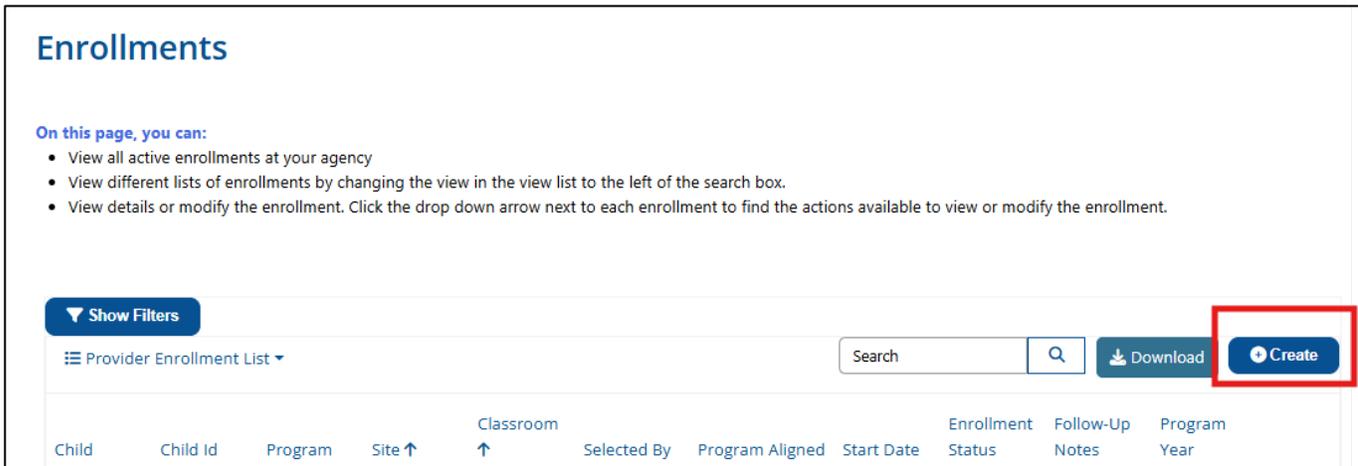
These step-by-step instructions walk you through how to create a new SPP enrollment in the provider portal. This enrollment process should take about ten minutes per enrollment and will need to be completed for each child enrolled. You will need to attach the child's supporting documents at the end of the enrollment process.

Step 1: Navigate to SPP Enrollments

Log into [CHIPS](#), go to the SPP¹ tab and select *Enrollments*².



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



Step 2: Enter Enrollment Information

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

Create 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 *
Select

Program *
SPP

Program Aligned or Ineligible *
Select

Start Date (MM/DD/YYYY)
M/D/YYYY

Site *
Select

Classroom
Select

Program

Select the *SPP* as the *Program* the child is enrolling in. **All children in a classroom with any SPP funding will need to be in CHIPS.**

Program Aligned

Select what program alignment the child is enrolling into.

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

- Select *None* for children enrolling into an agency-selected seat with no special program alignment.
- Select *Dual Language* for children that are heritage language speakers enrolling into a dual language classroom.
- Select *SPP/ECEAP School Day* for children enrolling into blended SPP/ECEAP school day slot.
- Select *SPP/ECEAP Working Day* for children enrolling into blended SPP/ECEAP working day slot
- Select *ECEAP-only (school day or working day)* for children enrolling into an ECEAP-only (not-SPP blended) slot.
- Select *Head Start* for children enrolling into blended SPP/Head Start slot.
- Select *Special Education* for children that enrolling into an SPS Plus seat with a qualifying IEP.
- Select *Agency-Selected Ineligible* if the child’s enrollment will be considered Ineligible for SPP. This must already be negotiated in your contract.

State Median Income (SMI)

This field will only display for the three types of ECEAP program aligned enrollments. ECEAP families do not need to submit income documentation to SPP. Please enter the SMI percentage calculated, and you will NOT need to enter income or household members later in the process.

Federal Poverty Level (FPL)

This field will only display for Head Start program aligned enrollments. HS families do not need to submit income documentation to SPP. Please enter the FPL percentage calculated, and you will NOT need to enter income or household members later in the process.

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 or update 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 accurate tuition invoices.**

Site

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



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 search for an existing *Household*, *Parent/Guardian* and *Child* or create a new one. If this family 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.** If the family told you they applied to SPP, please notify your Enrollment Coordinator (HSC) and they can create the enrollment for you if the family is already in our system.

Household *

Household already in the system OR create a new household

Parent/Guardian *

Parent/Guardian already in the system OR new parent/guardian first name Parent/Guardian last name

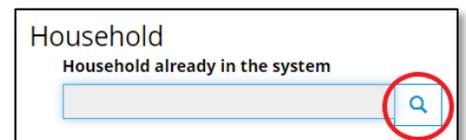
Child *

Child already in the system OR new child first name Child last name

Was this child previously enrolled in your program? *

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 columns outlined in red. (It will not find results for phone number or email address.)
- *Account Names* are most often listed under the primary guardian'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.

Lookup records

Search

Choose one record and click Select to continue

<input checked="" type="checkbox"/>	Account Name ↑	Account Number	Primary Contact	Preferred Method of Contact	Primary Phone (Primary Contact)	Primary Email (Primary Contact)
<input type="checkbox"/>	*Test	A29477	*Test *Test	Any	206 555-5555	test@test.com
<input type="checkbox"/>	10.24 last	A39000	10.24 first 10.24 last	Any	000-000-0000	10.24@email.com
<input type="checkbox"/>	382024	A39028	Katie 382024	Any	5555555555	

Select Cancel Remove value

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

Click **Select** once you're finished.

<input checked="" type="checkbox"/>	Account Name ↑	Number
<input type="checkbox"/>	*DEMO ABC HH 1***	A1551

Existing Parent/Guardian

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

Parent/Guardian *

Parent/Guardian already in the system

If you're confident that you selected the correct *Household*, but you don't see the name of the guardian 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. For ECEAP and Head Start enrollments, please ensure the parent/guardian listed on the enrollment is the same parent/guardian listed on the verification documents.

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.

Child *

Child already in the system

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.

Child *

Child already in the system OR new child first name Child last name

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 *Submit* to continue.

Submit

Step 4: Complete the information for the Child.

Enter the child's information including name, date of birth, gender identity, languages spoken, and race/ethnicity. "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 all children are financially supported by the parent/guardian's income, so the box will automatically be checked.

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.

First Name * Child **Middle Name** **Last Name *** 2025 Test

Birth Date * M/D/YYYY

How does your child identify? * Select

Language child learned first * Select

Language spoken most at home * Select

This person is supported by parents' income

Race/Ethnicity *

Languages

The drop-down list of languages is compiled from the most spoken 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 * English

Language spoken most at home * Other

Other language spoken at home

Race/Ethnicity

Once you select a race/ethnicity (from the Federal 7 categories,) a list of more descriptive race/ethnicities will display.

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

Select *Next* to continue.

Next

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

Child Information ✓ | **Primary Guardian Information** | Enrollment | Address | Household Members | Income | Consent | Review | Documents | Confirm & Submit

PRIMARY GUARDIAN INFORMATION

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

General

First Name * **Middle Name** **Last Name ***

Date of Birth

Relationship to Child *

Preferred Language for Communication *

Language spoken most at home *

This person has no income

Contact Information

Primary Email

Primary Phone * **Primary Phone Type**

Alternate Phone **Alternate Phone Type**

Allow SPP to Text Updates

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 the primary guardian 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 * 2025 - 2026	Provider DEMO - Agency ABC	Site *DEMO - Site DEF
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Is the child in foster care/kinship care (full-time care of child by relatives or suitable others)?
 No Yes

Is this family's housing stable? Mark no if the family is currently unhoused and/or experiencing housing instability.
 No Yes

Are you getting help from the SNAP food program or the TANF cash assistance program?
 No Yes

Does child have an individual education program (IEP)?
Select ▾

During school hours, does your 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

[Previous](#) [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, income verification is not required, but please have them complete the *Foster/Kinship Care Form* and upload it at the end.

“Is this family's housing stable? Mark no if the family is currently unhoused and/or experiencing housing instability?” is intended to identify families that are currently unhoused. These families will not need to submit income information. Please feel free to use the *Housing Form* for address verification.

“Are you getting help from the SNAP food program or the TANF cash assistance program?” is intended to help DEEL identify families that receive SNAP/TANF benefits. If families receive these benefits, no income documentation needs to be provided. Please have the family complete the provided consent form so that your PIR can look up and verify their benefits in the DSHS system. Your PIR will let you know if we cannot confirm benefits and if income verification will be needed.

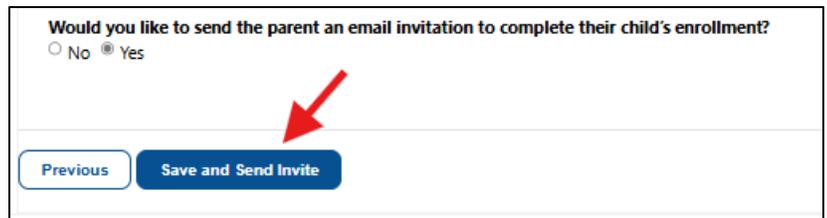
“Does child have an individual education program (IEP)?” is used to help DEEL understand where children with IEPs are being served. It is not a required question, so if you do not know, you may leave blank or select “Unknown”.

“During school hours, does your child need help with a medical condition? (i.e. allergies, diabetes, blood sugar, seizures, eye/ear drops)?” is a place to document *medical needs/conditions*.

“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. This question will only

display if the child is enrolling at a site that offers extended hours of care.

“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 Invite” 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. Please note, you will still be responsible for checking follow up notes for enrollments that you invite parents to complete through the parent portal.



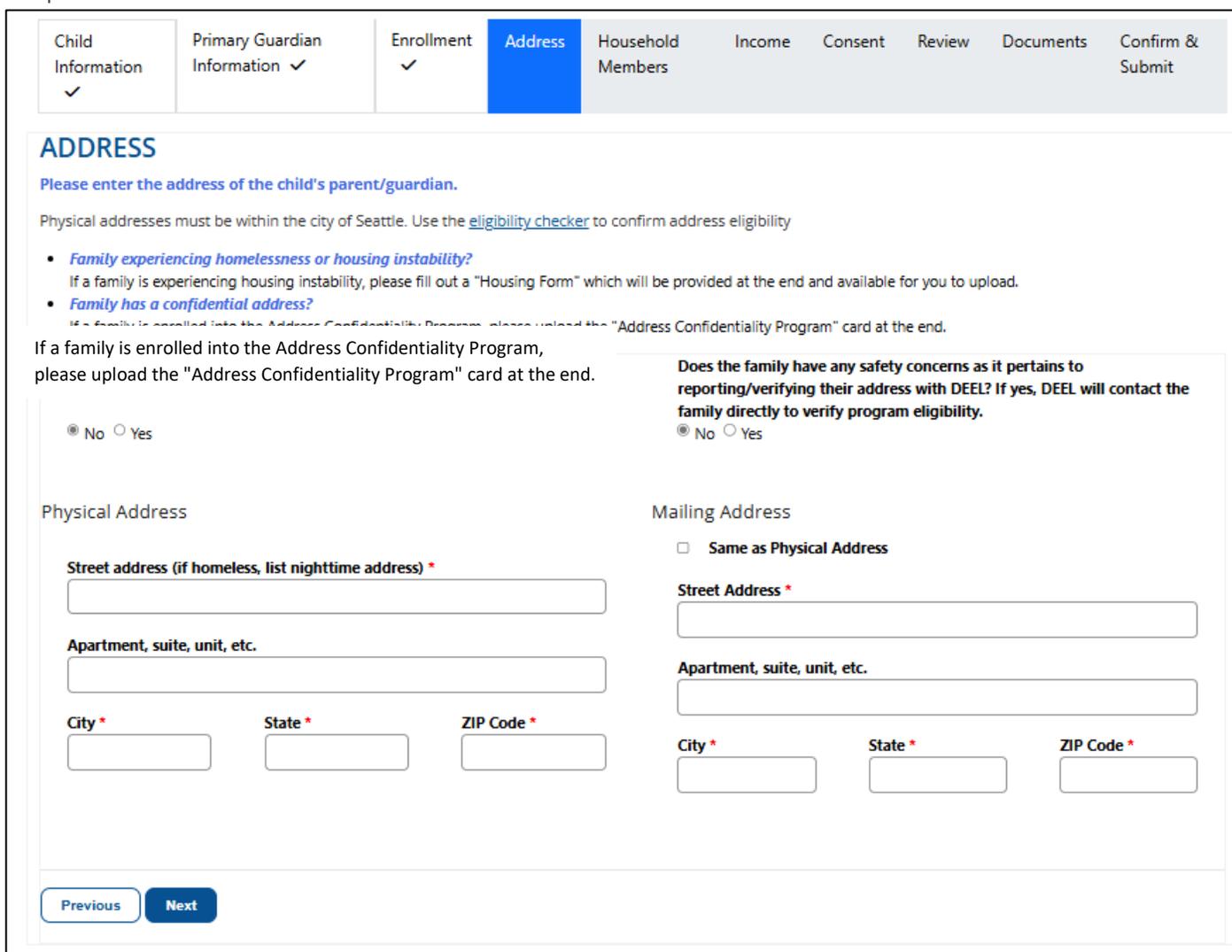
Would you like to send the parent an email invitation to complete their child's enrollment?
 No Yes

Previous Save and Send Invite

Select *Next* to continue.

Next

Step 7: Enter address information for the household.



Child Information ✓ Primary Guardian Information ✓ Enrollment ✓ **Address** Household Members Income Consent Review Documents Confirm & Submit

ADDRESS

Please enter the address of the child's parent/guardian.

Physical addresses must be within the city of Seattle. Use the [eligibility checker](#) to confirm address eligibility

- Family experiencing homelessness or housing instability?**
If a family is experiencing housing instability, please fill out a "Housing 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.

If a family is enrolled into the Address Confidentiality Program, please upload the "Address Confidentiality Program" card at the end.

No Yes

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 homeless, list nighttime address) *

Apartment, suite, unit, etc.

City * State * ZIP Code *

Mailing Address

Same as Physical Address

Street Address *

Apartment, suite, unit, etc.

City * State * ZIP Code *

Previous Next

Unhoused or Homeless

If the family is experiencing homelessness, 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 try to collect a mailing address for the family. You can use the eligibility checker to confirm if an address is eligible for SPP.

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.

Select *Next* to continue.

Next

Step 8: Enter ALL household members.

Child Information ✓ Primary Guardian Information ✓ Enrollment ✓ Address ✓ Household Members Income Consent Review Documents Confirm & Submit

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.

Household Members

Create

Full Name ↑	Contact Type	Contact ID	Relationship to enrolled child	Primary Phone	Primary Email	Preferred Language for Communication	
Child 2025 Test	Child	C113548					▼
Parent 2025 Test	Parent/Guardian	C113547	Mother	555-555-5555	test@test.com	English	▼

Previous Next

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 may impact their tuition amount.

Children enrolling in either Head Start or ECEAP blended seats or an ECEAP-only seat will not see the Household Member page. Please note, for ECEAP or Head Start ensure that the primary parent/guardian listed matches the parent/guardian information provided on the verification documents. If the submitted verification documents only include the name of the *Secondary Guardian*, please contact your assigned Program Intake Representative (PIR) so we can add that household member in CHIPS.

Adding a Household Member

Click  on household member information page.

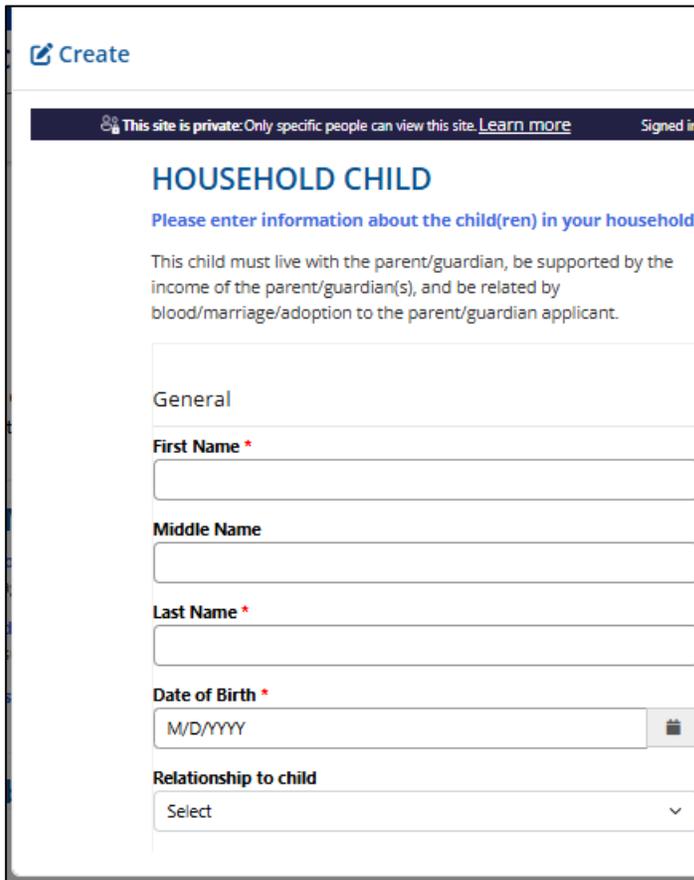
Select whether the new household member is an adult or child.

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

Click *Submit* when finished.



Continue to enter all household members.



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.

General

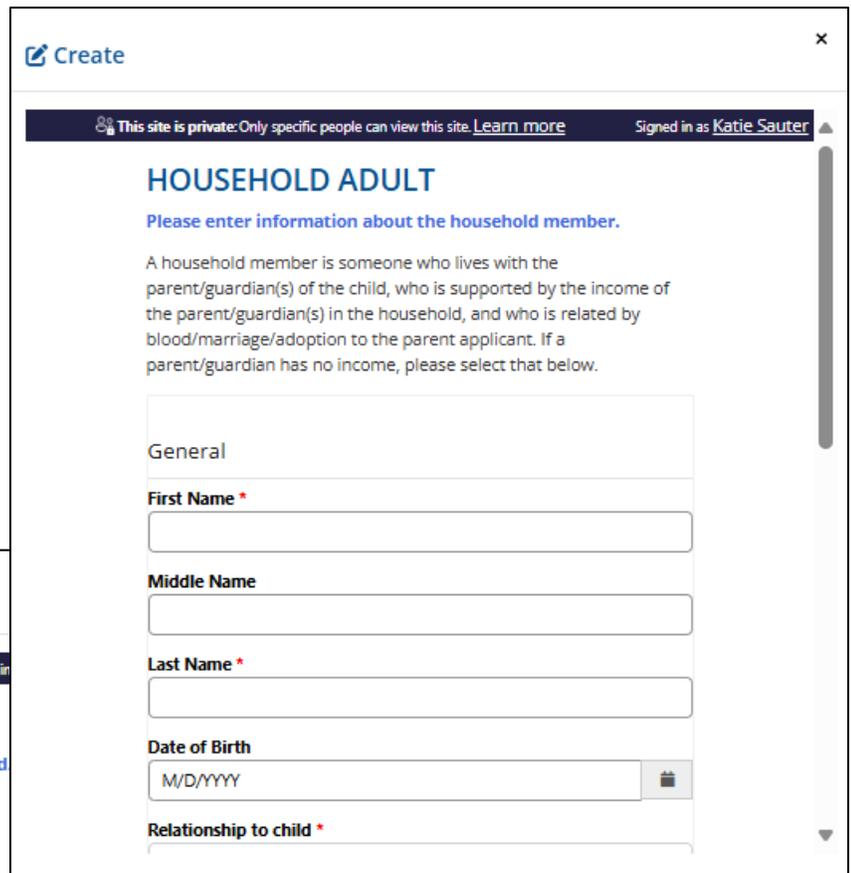
First Name *

Middle Name

Last Name *

Date of Birth *
M/D/YYYY

Relationship to child
Select



HOUSEHOLD ADULT
Please enter information about the household member.

A household member is someone who lives with the parent/guardian(s) of the child, who is supported by the income of the parent/guardian(s) in the household, and who is related by blood/marriage/adoption to the parent applicant. If a parent/guardian has no income, please select that below.

General

First Name *

Middle Name

Last Name *

Date of Birth
M/D/YYYY

Relationship to child *

Removing a household member from the list

Especially for existing households, you may see a person listed who is no longer in the household. If that’s the case, from the Household Member list, select the drop-down arrow next to their name and click *Edit*.



Full Name ↑	Contact Type	Contact ID	Relationship to enrolled child	Primary Phone	Primary Email	Preferred Language for Communication	
Child 2025 Test	Child	C113548					
Grandma 2025 Test	Parent/Guardian	C113549	Grandparent				
Parent 2025 Test	Parent/Guardian	C113547	Mother	555-555-5555	test@test.com	English	

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

Submit

General

Remove Person from Household

First Name *
Grandma

Middle Name

Last Name *
2025 Test

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

Next

Step 9: Enter household income information.

*ECEAP or Head Start enrollments will skip the income page. Families experiencing homelessness or in foster/kinship care arrangements do not need to verify income. For SPP children who are enrolling as *Agency-Selected Ineligible*, income verification is not required. Click *Next* without entering income information.

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

Child Information ✓ | Primary Guardian Information ✓ | Enrollment ✓ | Address ✓ | Household Members ✓ | **Income** | Consent | Review | Documents | Confirm & Submit

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 "+ Create" button to enter information about 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 income at the end.

Is the family experiencing homelessness?
Families that are experiencing homelessness will not be required to submit income documentation.

Does the family have a foster care or kinship relationship with the child that is enrolling?
Families that are caring for children in foster care or have kinship care relationships will not be required to submit income documentation but will need to submit age documentation, address documentation, and a "Foster - Kinship Care Form".

Would the family prefer to accept full tuition and not submit income documentation?
Please click "+ Create" below and select "Full Tuition Acceptance" in the "Income Source" field and have the family sign the "Full Tuition Form".

Family has no income?
Please click "+ Create" below and select "No Income" in the "Income Source" field and have the family sign the "No Income Form".

Is the family newly self-employed or an independent contractor?
Please have the family submit the "Self-Employment Form".

Is this family getting help from the SNAP food program or the TANF cash assistance program??
No income documentation needs to be uploaded at this time. Your PIR will reach out to the family to verify receipt of SNAP/TANF benefits. Your PIR will let you know if we cannot confirm benefits and if income verification will be needed.

+ Create

Household Member ↑	Start Date	Employer	Source	Amount
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To enter income, select



The screenshot shows a 'Create' form with a dark header bar containing a lock icon, the text 'This site is private: Only specific people can view this site. Learn more', and 'Signed in as Katie Sauter'. Below the header, there is a paragraph of instructions: '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.' This is followed by six dropdown menus with the following questions: 'Are they employed by an employer?', 'Are they self-employed or an independent contractor?', 'Are they a household with zero income?', 'Are they a household that would not qualify for sliding scale tuition?', 'Are they receiving child support or paying child support?', and 'Are they a household that has unearned income?'. Below these are three required fields: 'Family Member *' (a dropdown menu with 'Select' as the placeholder), 'Income Source *' (a dropdown menu with 'Select' as the placeholder), and 'Annual Income *' (an empty text input field). At the bottom is the 'Start Date *' field, which is a date picker showing 'M/D/YYYY' and a calendar icon.

Family Member

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

Income Source

Select the type of income. If the income is from employment, please review the paystubs submitted and enter the employer's name and job title, if possible.

If the family is accepting full tuition, select *Full Tuition Acceptance* as their "Income Source". The family will need to complete a *Full Tuition Form*, and you will upload that signed form at the end.

This screenshot shows the 'Create' form with a light blue success message at the top: 'No income documentation is needed and the family will be paying full tuition for the school year. They will need to fill out "Full Tuition Form" and you will upload at the end.' Below the message, the 'Family Member *' dropdown is set to 'Parent 2025 Test', the 'Income Source *' dropdown is set to 'Full Tuition Acceptance', and the 'Start Date *' field is empty with the placeholder 'M/D/YYYY'. A blue 'Submit' button is located at the bottom left of the form.

If the family doesn't have any income, select the "No Income" option under Income Source. The family will need to complete a *No Income Form* and you will upload that form at the end.

Cash benefits like TANF and SSI are considered verifiable income. If the family has no verifiable income, they will need to fill out a declaration of no income and you will upload at the end" ✕

Family Member *
Parent 2025 Test ▼

Income Source *
No Income ▼

Start Date *
M/D/YYYY 📅

Submit

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). If you are unable to enter the earliest date, enter today's date.

End Date

Do not enter an end date unless there is a known date with the employment will end, such as for temporary employment.

Click *Submit* and continue to add all income sources for all household members.

Submit

Once all income sources for all household members have been added, click *Next*.

Next

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.

Select 'Yes' for each optional consent that you agree to.

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 - Consent: *

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

Interview opportunities, quotes, or input

To revoke any of these consents at any time, please contact DEEL directly in writing at preschool@seattle.gov or The Seattle Preschool Program, PO Box 94665, Seattle, WA 98124. This consent will remain in effect until either an updated consent is received, or until 8/31/2026, whichever occurs first.

* 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 selecting 'Yes' below, I:

1. Consent to my child participating in DEEL's Preschool Program
2. Confirm I have read the Privacy Statement
3. Confirm I authorize the sharing of data as indicated 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 *

Program consent must be yes. Respond yes or no to all optional consents. If the guardian did not sign the consent, please follow-up with them. 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.

Edit

Child Information ✓ Primary Guardian Information ✓ Enrollment ✓ Address ✓ Household Members ✓ Income ✓ Consent ✓ **Review** Documents Confirm & Submit

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: Child
Middle Name: 2025 Test
Last Name: 2025 Test
Birth Date: 01-09-2021
Identifies As: Male

Language child learned first: English
Language spoken most at home: Arabic
Black/African American: Yes

Edit

Parent/Guardian Information

First Name: Parent
Last Name: 2025 Test
Relationship to child: Mother
Preferred language for communication: English
Email Address: test@test.com

Primary Phone: 555-555-5555
Primary Phone Type:
Alternate Phone:
Alternate Phone Type:
Texting Allowed: No

Edit

Enrollment Information

Is child in foster care or kinship care? No
Does family own/rent home? Yes
Required help with medical condition? No
Family needs extended care? --

Edit

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

Edit

Name	Relationship	Preferred Language	Email	Primary Phone	Income	Supported by Parent guardians' Income
Child 2025 Test	Child	English			No Income	Yes
Grandma 2025 Test	Grandparent				Yes	Yes
Parent 2025 Test	Mother	English	test@test.com	555-555-5555	Yes	Yes

Income

Edit

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

Consent

Program Evaluation: No
Sharing Intake Documents: No
Photo/Video Consent: Yes
Program Consent: Yes

Participate in Interview: No
Email Updates: No
Interview opportunities: No

Edit

Previous Next

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

Click *Next* to continue.

Next

Step 12: Upload required documents

Child Information ✓	Primary Guardian Information ✓	Enrollment ✓	Address ✓	Household Members ✓	Income ✓	Consent ✓	Review ✓	Documents	Confirm & Submit
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UPLOAD SUPPORTING DOCUMENTS

Click the "Upload Documents" button to attach documents to this enrollment. Once all documents for this enrollment have been uploaded, click Next to confirm that the enrollment is complete.

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

Documents Required:

- Enrollment Packet/Consent
- Proof of address (1-2 documents)
- Proof of child's age (1 document)
- 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 Form](#) and you'll upload supporting documentation, if needed.
- **Are they enrolling a child that they have a kinship/foster care relationship?**
They would need to fill out a [Foster - Kinship Care Form](#) and you'll upload.
- **Are they self-employed or an independent contractor?**
They would need to fill out a [Self Employment Form](#) and upload supporting documentation.
- **Are they a household with zero income?**
They would need to fill out a [No Income Form](#) and upload.
- **Are they receiving child support or paying child support?**
They would need to fill out a [Child Support Form](#) and upload supporting documentation.
- **Are they receiving SNAP/TANF benefits?**
Income documentation does not need to be uploaded. A Program Intake Representative will contact the family directly to confirm SNAP/TANF benefits. If we're unable to confirm the family's SNAP/TANF benefit, we'll let you know and may ask for income verification.

Documents Acceptable for Verification:

Please use this information to identify the type and format of documents accepted to verify child age, household address and income for the Seattle Department of Education and Early Learning's (DEEL) preschool and child care programs. Pictures or electronic versions of documents are acceptable.

Click the header to collapse or expand the section.

Child's Age	▼
Address	▼
Income	▼

Acceptable Documents - Updated 02/2025

Supporting Documents

[Upload Document](#)

Name	Document Type	File Uploaded On ↓
There are no records to display.		

[Previous](#) [Next](#)

If you're unsure which documents are required for this enrollment, please contact your Program Intake Representative to clarify. English forms are linked or available with translations from the provider portal home page. To see the list of acceptable documents for each type of verification (child's age, address, and income) select the header and that section will expand.

Click the header to collapse or expand the section.

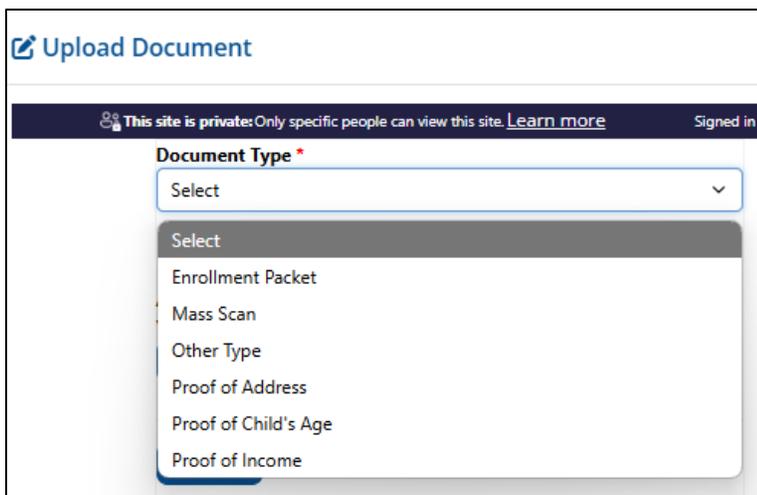
Child's Age	▼
Address	▼
Income	▼

Select the Document Type

To upload documents, select *Upload Document*.



Select the type of document you plan to upload. If you're only uploading consent (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 (Enrollment Packet, Age, Address, Income) as one single PDF.



Upload the file

Choose the *Upload* button to open your file explorer and locate the file on your computer.



Once the file has finished uploading, select *Submit*.

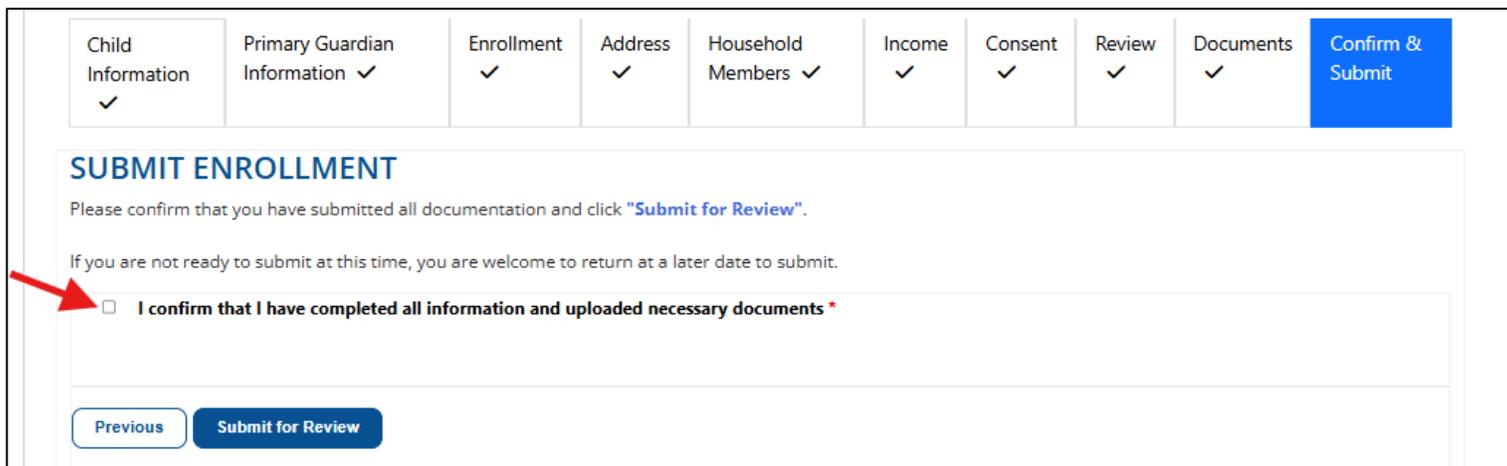


Continue to upload all verification documents. As a reminder, the signed consent page (with the guardian signature) should be uploaded for proof of consent.

When you're done uploading documents, click *Next*.



Step 13: Confirm and Submit



If you've uploaded all required documents, click "I confirm that I have completed all information and uploaded necessary documents." This will send the enrollment straight to the Program Intake Representative (PIR) 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 the check box and *Submit for Review* for this enrollment to go to the PIR.

Step 14: Finish

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

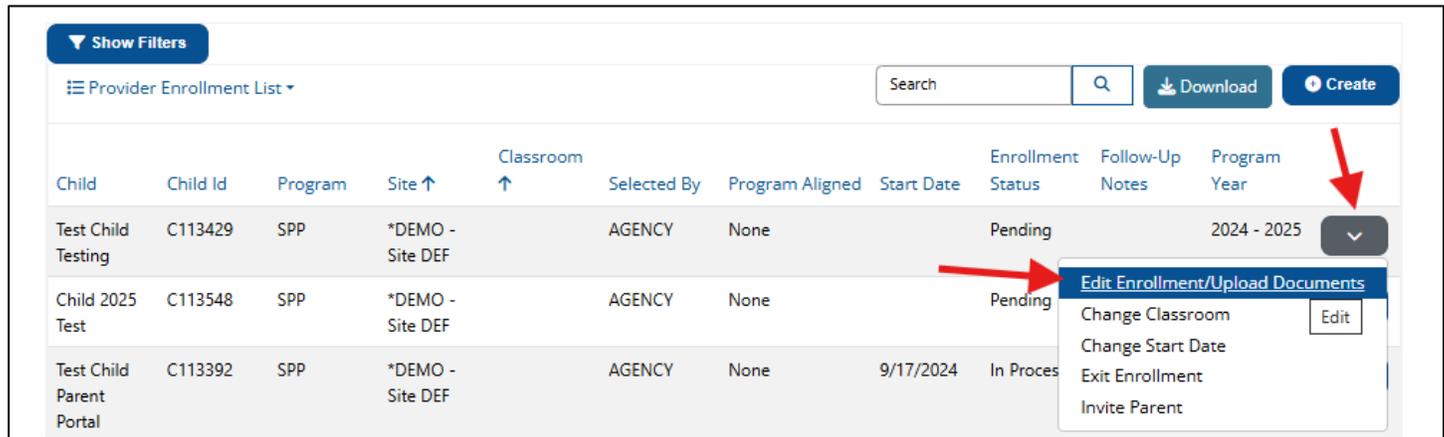


Edit an Enrollment or Upload Additional Documents

Log into [CHIPS](#), go to the SPP¹ tab and select *Enrollmenst*²



Locate the child, click the drop-down-arrow on the right and select Edit Enrollment/Upload Documents.



Navigate to the appropriate page(s) that you need to edit. 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 *Child Information* page. 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, you'll be directed to the *Review & Submit* page. You can edit any section by clicking *Edit*.



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