

Enrollment Packet

Seattle Preschool Program 2026 - 2027



Step 1: Fill out the Enrollment Packet

The Seattle Preschool Program is open to all eligible children, regardless of their citizenship status, race, gender, ethnicity, or developmental need. 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. To best serve your child, please answer the following questions.

CHILD INFORMATION			
First Name:	Middle Name:	Last Name:	Birth Date:
Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary or other gender identity _____			
Language child learned first:		Language spoken most at home:	
Is the child in foster care or kinship care (full-time care of child by relatives or suitable others)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
During school hours, does your child need help with a medical condition (i.e. allergies, diabetes, blood sugar, seizures, eye/ear drops)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, briefly explain:			
What is your child's race and ethnicity? <i>Check all that apply.</i>			
Asian	<input type="checkbox"/> East Asian <input type="checkbox"/> Filipino	<input type="checkbox"/> South Asian <input type="checkbox"/> Southeast Asian	<input type="checkbox"/> Other or More Specific Asian _____
American Indian, Alaska Native	<input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Central or South American Indian	<input type="checkbox"/> Other or More Specific American Indian/Alaska Native _____
Black, African, African American	<input type="checkbox"/> African American <input type="checkbox"/> Caribbean <input type="checkbox"/> Central African	<input type="checkbox"/> East African <input type="checkbox"/> Latin American <input type="checkbox"/> South African	<input type="checkbox"/> West African <input type="checkbox"/> Other or More Specific Black _____
Hispanic, Latino	<input type="checkbox"/> Caribbean <input type="checkbox"/> Central American	<input type="checkbox"/> Mexican/Chicano <input type="checkbox"/> South American <input type="checkbox"/> Spaniard	<input type="checkbox"/> Other or More Specific Hispanic/Latino _____
Middle Eastern or North African	<input type="checkbox"/> Middle Eastern <input type="checkbox"/> North African	<input type="checkbox"/> Other or More Specific Middle Eastern/North African _____	
Native Hawaiian, Other Pacific Islander	<input type="checkbox"/> Micronesian <input type="checkbox"/> Melanesian	<input type="checkbox"/> Polynesian (including Native Hawaiian)	<input type="checkbox"/> Other or More Specific Native Hawaiian/Pacific Islander _____
White	<input type="checkbox"/> White	<input type="checkbox"/> Other or More Specific White _____	

FIRST PARENT/GUARDIAN INFORMATION

First Name:	Middle:	Last Name:	Birth Date:
Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary or other gender identity _____			
Email Address:		Relationship to child:	
Preferred language for communication:	Phone 1:	Type: <input type="checkbox"/> Land Line <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Primary language used in home:	Phone 2:	Type: <input type="checkbox"/> Land Line <input type="checkbox"/> Work <input type="checkbox"/> Cell	
<i>If cell, may we contact you via text with status updates?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			

What is your race and ethnicity? Check all that apply.

Asian	<input type="checkbox"/> East Asian <input type="checkbox"/> Filipino	<input type="checkbox"/> South Asian <input type="checkbox"/> Southeast Asian	<input type="checkbox"/> Other or More Specific Asian _____
American Indian, Alaska Native	<input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Central or South American Indian	<input type="checkbox"/> Other or More Specific American Indian/Alaska Native _____
Black, African, African American	<input type="checkbox"/> African American <input type="checkbox"/> Caribbean <input type="checkbox"/> Central African	<input type="checkbox"/> East African <input type="checkbox"/> Latin American <input type="checkbox"/> South African	<input type="checkbox"/> West African <input type="checkbox"/> Other or More Specific Black _____
Hispanic, Latino	<input type="checkbox"/> Caribbean <input type="checkbox"/> Central American	<input type="checkbox"/> Mexican/Chicano <input type="checkbox"/> South American <input type="checkbox"/> Spaniard	<input type="checkbox"/> Other or More Specific Hispanic/Latino _____
Middle Eastern or North African	<input type="checkbox"/> Middle Eastern <input type="checkbox"/> North African	<input type="checkbox"/> Other or More Specific Middle Eastern/North African _____	
Native Hawaiian, Other Pacific Islander	<input type="checkbox"/> Micronesian <input type="checkbox"/> Melanesian	<input type="checkbox"/> Polynesian (including Native Hawaiian)	<input type="checkbox"/> Other or More Specific Native Hawaiian/Pacific Islander _____
White	<input type="checkbox"/> White	<input type="checkbox"/> Other or More Specific White _____	

SECOND PARENT/GUARDIAN INFORMATION (If in the same household and related to the child by blood or marriage.)

First Name:	Middle:	Last Name:	Birth Date:
Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary or other gender identity _____			
Email Address:		Relationship to child:	
Preferred language for communication:	Phone 1:	Type: <input type="checkbox"/> Land Line <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Primary language used in home:	Phone 2:	Type: <input type="checkbox"/> Land Line <input type="checkbox"/> Work <input type="checkbox"/> Cell	
<i>If cell, may we contact you via text with status updates?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			

What is your race and ethnicity? Check all that apply.

Asian	<input type="checkbox"/> East Asian <input type="checkbox"/> Filipino	<input type="checkbox"/> South Asian <input type="checkbox"/> Southeast Asian	<input type="checkbox"/> Other or More Specific Asian _____
American Indian, Alaska Native	<input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Central or South American Indian	<input type="checkbox"/> Other or More Specific American Indian/Alaska Native _____
Black, African, African American	<input type="checkbox"/> African American <input type="checkbox"/> Caribbean <input type="checkbox"/> Central African	<input type="checkbox"/> East African <input type="checkbox"/> Latin American <input type="checkbox"/> South African	<input type="checkbox"/> West African <input type="checkbox"/> Other or More Specific Black _____
Hispanic, Latino	<input type="checkbox"/> Caribbean <input type="checkbox"/> Central American	<input type="checkbox"/> Mexican/Chicano <input type="checkbox"/> South American <input type="checkbox"/> Spaniard	<input type="checkbox"/> Other or More Specific Hispanic/Latino _____
Middle Eastern or North African	<input type="checkbox"/> Middle Eastern <input type="checkbox"/> North African	<input type="checkbox"/> Other or More Specific Middle Eastern/North African _____	
Native Hawaiian, Other Pacific Islander	<input type="checkbox"/> Micronesian <input type="checkbox"/> Melanesian	<input type="checkbox"/> Polynesian (including Native Hawaiian)	<input type="checkbox"/> Other or More Specific Native Hawaiian/Pacific Islander _____
White	<input type="checkbox"/> White	<input type="checkbox"/> Other or More Specific White _____	

HOUSEHOLD INFORMATION

Home Address

(if unhoused, your nighttime address)

Street:

City:

Zip Code:

Is your housing stable? Mark no if you are currently unhoused and/or experiencing housing instability. Y N

If you do not own/rent your own home, please check all that apply. The child applicant and I currently reside

- In a motel In a shelter Transitional Housing
 Moving from place to place/couch surfing Temporarily living with another family/person due to economic hardship
 In a residence with inadequate facilities (no water, heat, electricity) A car, park, campsite or similar location
 Other:

Mailing Address (if different)

Street:

City:

Zip Code:

Is your family/student enrolled in the WA State Address Confidentiality Program? Y N

If yes, please submit a copy of your ACP card instead of address documents listed on the last page

Do you have any safety concerns as it pertains to reporting/verifying your address with DEEL? Y N

If yes, DEEL will contact you directly to verify your program eligibility.

The information you submit to DEEL is confidential and we will not contact/report to your landlord or property manager.

Please only answer if your preschool offers before/after care:

Does your family need before/after care outside of the 6 hours of SPP programming? Yes No

If you indicate yes, check with your preschool about availability and schedule for your child to register for before/after care hours. **SPP cannot arrange or secure seats for before/after care.**

If Yes, Is your family enrolled in a child care subsidy program currently?

- Washington State Working Connections (WCCC) Best Start for Kids Subsidy Child Care Assistance Program (CCAP)
 Not Enrolled

SPP uses the information below to help determine how much tuition, if any, you will owe. Tuition is set using a sliding scale based on household size and income.

Include all types of income for parents/guardians. Consider wages, unemployment, child support, SSI, financial aid, TANF, etc.

List below the people living in the home, AND supported by the parent/guardians' income, AND are related to the parent by blood, marriage or adoption. Children listed below aren't expected to have income.

Children in foster or kinship care will not be required to submit income documentation but will need to submit age and address verification documents.

List all household members (including yourself) that reside with you <u>and</u> are supported by your household income	Birth Date	Relationship to Child	Type of income (wages, unemployment, child support, SSI, etc.)	Annual pre-tax income	Does this person have income?
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
Are you getting help from the SNAP food program or the TANF cash assistance program?					<input type="checkbox"/> Y <input type="checkbox"/> N

Child First/Last Name: _____ Child Date of Birth: _____

SEATTLE PRESCHOOL PROGRAM PARTICIPATION CONSENT

The Department of Education and Early Learning (“DEEL”) partners closely with preschool providers (“the Provider”) to provide high-quality services and supports to your child. To participate in the program, participants must agree to the following:

DEEL stores identifiable student data, including enrollment, assessment and attendance information pertaining to your child in a restricted, secure database. Identifiable information may be shared among DEEL, the Provider, Seattle School District No. 1 (“the District”), Public Health- Seattle & King County (“PHSKC”) and the Washington State Department of Children, Youth and Families (“the State”) when necessary to deliver services and ensure continuity provided to preschool students rising through the District’s K-12 education programs.

DEEL may securely share your child’s health-related information with contracted service providers to serve your child’s health, educational, and developmental needs. Health screenings are conducted to identify possible barriers to your child’s learning. With training and support from PHSKC, providers may conduct vision and hearing screenings. In addition, providers may administer the Ages and Stages Questionnaires to screen your child’s developmental progress. Results may be shared with the provider, PHSKC, and DEEL so that additional supports, such as teacher consultation with a PHSKC dietician, nurse, or behavioral health consultant may be provided if needed. If additional actions are recommended for your child, the provider will share the results with you.

Assessments are used to inform teaching practices, support professional development, and evaluate the program. Teachers may observe your child’s physical, cognitive, social, and emotional development and record observations in the Teaching Strategies GOLD® (“TSG”) online assessment tool. Providers and DEEL access TSG using an account shared with the State; TSG results will also be shared with the District.

DEEL Preschool programs strive to prepare your child for kindergarten and beyond. DEEL partners with the District to evaluate how effectively children were prepared. The District will create student identification numbers for the children enrolled in DEEL’s preschool programs to enable the evaluation of long-term effectiveness of the program by monitoring preschool participants’ progress throughout the child’s K-12 experience at the District. DEEL may provide sufficient information to the District via secure file transfer to create District student identification numbers.

DEEL provides teachers with evidence-based coaching and evaluations on their instructional practices. Occasionally, your child may be photographed or filmed during a teacher observation. The teacher is the focus of any recordings, and it will only be viewed by DEEL/SPP staff or external evaluators. For your child’s privacy, all recordings remain confidential and will be deleted within two weeks.*

Public Health supports classrooms with meeting quality standards and providing official guidance. Occasionally, your child may be photographed or filmed during a Public Health observation. The classroom environment is the focus of any recording, and it will only be viewed by public health partners. For your child’s privacy, all recordings remain confidential and will be deleted within two weeks.*

DEEL protects families’ and children’s information carefully under the City’s Privacy Standards. There are some circumstances in which information may be shared with the public if required by law. DEEL does not release personally identifiable information for children enrolled in our programs or for their family members/guardians. Please see the Privacy Statement for more information.

DEEL may contact you directly or through your provider to survey you on your experience.

Privacy Statement

The information you provide will be used for the purpose of reviewing your application. The City of Seattle may share the information you provide with City of Seattle departments for the purpose of providing you with information on additional programs for which you may be eligible. If you provide consent to enroll in an additional program for which you are eligible, the City of Seattle may also share the information with City of Seattle departments to enroll you in the additional program. We will not knowingly share your information for enforcement purposes of any kind or for any other reason unless compelled by law. To learn more, please see the Public Records Act (RCW Chapter 42.56). The City of Seattle Privacy Statement explains how we handle the information you give us.

*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.

Child First/Last Name: _____ Child Date of Birth: _____

Optional Consents

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

Check the box 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 filmed 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 8/31/2027, whichever occurs first.

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 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.

Parent/Legal Guardian Signature:	
Print Parent/Legal Guardian Name:	
Date:	

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.

Child Age

To verify the age requirement for programs, submit one document containing the child's name and date of birth from this list:

- Birth Certificate
- Medical Record
- Immigration Document
- Passport
- Government Issued Identification

Address

Families must live in incorporated Seattle to be eligible for DEEL programs. For families in transition, experiencing homelessness, or otherwise unable to provide address documentation, use our Housing Form [found here](#). All documents must include a parent/guardian's full name and be dated within the last three months or identifiable as current. Information on the outside of an envelope is not accepted. Either submit one primary document or two alternative documents.

Primary Address Verifications

Submit one document from this list:

- Utility bill
 - Examples include gas, water/garbage, internet, light/electrical, cable, landline phone, etc.
- Home/renter's insurance
- Mortgage document
- Signed rental lease
- Housing agency letter
- Rental receipt

Alternative Address Verifications

Submit two documents from different sources from this list:

- Insurance documents
 - Examples include health, car, rental, etc.
- Financial documents
 - Examples include bank statement, credit card statement, student loan statement, etc.
- Income documents
 - Examples include TANF, SSI, paystub, etc.
- Driver's license
 - Must be current
- Other bills

Income

Submit documentation for all income the parent/guardian(s) in your household receive. Documentation required depends on the income source. If you are enrolling in the Seattle Preschool Program (SPP) and receiving SNAP or TANF benefits, submit current proof of benefits or sign the DSHS Consent Form [found here](#). No additional income verification is required. Families enrolling in the Seattle Preschool Program who are willing to accept full tuition do not need to submit income documentation, instead complete the Full Tuition Form [found here](#).

Employment

- Most recent three full months of paystubs
 - Paid Weekly? 12 Paystubs
 - Paid every two weeks? 5 to 7 paystubs
 - Paid bi-monthly? 6 Pay stubs
 - Paid Monthly? 3 Paystubs
- Employer letter or email
 - When paystubs from the prior 3 months are unavailable. Include the start date, hours worked, wage, and dated from the last 90 days
- Self-employed
 - Use the Self-Employment Form [found here](#)

Child Support

- Court ordered
 - Official document with the amount
- Other
 - Use the Child Support Form [found here](#)

Student

- Financial aid
 - Award letter & tuition statement
- Work study
 - Award letter or supervisor letter with hours/wage

Other Income

- Public cash benefits
 - Current award letter (TANF, SSI, or other cash benefits) or sign the DSHS Consent Form [found here](#)
- Other Income
 - Three months of statements
- Rental income
 - "Schedule E" tax document from the most recent tax year



Step 3: Submit to The Department of Education & Early Learning (DEEL) or Provider

Return this completed enrollment packet with your documents as soon as possible. The sooner your full packet with documents is received, the faster it can be processed.

You may be contacted by DEEL's Intake team or your provider if additional documentation is needed.

If you need help, please call (206) 386-1050 or email preschool@seattle.gov



Step 4: Receive confirmation of enrollment

Once your information has been verified, you will receive notification that your child is officially enrolled in the preschool program along with any tuition you may owe. To estimate your SPP tuition, visit www.seattle.gov/applyspp to use the Tuition Calculator.

If the information provided determines you're ineligible for the program, DEEL or your provider will notify you.

Your child may not begin the preschool program until your child care provider confirms whether any additional paperwork must be completed for their enrollment process.