



**CENTRALIA COLLEGE EARLY LEARNING PROGRAMS**  
**PRE-ENROLLMENT FORM** Questions: 360-623-8950 Fax: 360-623-8753



Date: \_\_\_\_\_

Do you need an Interpreter?  YES  NO

**CHILD'S NAME:** \_\_\_\_\_

**CHILD'S DATE OF BIRTH:** \_\_\_\_\_

Boy  Girl

**Email Address:** \_\_\_\_\_

**Parent/Guardian 1:** \_\_\_\_\_

Birth Date: \_\_\_\_\_

Home/Cell# \_\_\_\_\_

Address: \_\_\_\_\_

Employer or College: \_\_\_\_\_

Employer Phone #: \_\_\_\_\_

How many hours a week do you work? \_\_\_\_\_

**Parent/Guardian 2:** \_\_\_\_\_

Birth Date: \_\_\_\_\_

Home/Cell# \_\_\_\_\_

Address: \_\_\_\_\_

Employer or College: \_\_\_\_\_

Employer Phone #: \_\_\_\_\_

How many hours a week do you work? \_\_\_\_\_

Is it ok to TEXT you?  YES  NO

Child's first Language? \_\_\_\_\_

Secondary Language? \_\_\_\_\_

Is your child Hispanic?  YES  NO

Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_

Does your child have an IEP/IFSP  YES  NO

Does your child have a suspected delay?  YES  NO

Is your child potty trained?  YES  NO

Child lives with: \_\_\_\_\_

Is this child in Foster Care?  YES  NO

YES  NO

If we are full, do you want us to share your information with Lewis County Head Start?  YES  NO

(One drive: combined pre-enrollment form 22-23)

**WHAT ECEAP SITE DO YOU PREFER:**  
**Please check**

Centralia    Chehalis    White Pass    Onalaska  
 Winlock    Boistfort    Morton

3-Year-old Preschool (3 years by August 31, 2022)  
 AM  PM

4-Year-old Preschool (4 years by August 31, 2022)  
 AM  PM

**Childcare Only**  **Childcare/ECEAP**

**Childcare Open 7:00 am to 5:30 pm weekdays**  
 Do you have childcare Subsidy or Tribal?  YES  NO

Private Pay?  YES  NO

Are you a college student?  YES  NO Major: \_\_\_\_\_

**Days and hours needed:**  
 M\_\_\_\_ T\_\_\_\_ W\_\_\_\_ TH\_\_\_\_ F\_\_\_\_

**12 months – 24 months      Waddlers**  
**24 months – 36 months      Toddler**

Child's Doctor: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_

Health/Dental Insurance: \_\_\_\_\_

Was your child premature?  YES  NO Weeks: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Known Allergies?  YES  NO

Are you receiving CPS or FAR services?  YES  NO

Currently enrolled with Lewis County Head Start?

YES  NO

**For Families interested in ECEAP:**

Number of people living in household supported by parent/guardian: \_\_\_\_\_.

Is this child in Kinship care or living with a Guardian?  YES  NO Siblings: \_\_\_\_\_

Did your family receive income during the last calendar year or during the previous 12 months?  YES  NO

If YES, what was your family’s adjusted gross income? \_\_\_\_\_ Has your income changed?  YES  NO

Is this child currently homeless?  YES  NO **If YES**, is the child living with someone other than his or her parent?

YES  NO Do you receive subsidized housing?  YES  NO

Additional Questions (*We use this information to **Prioritize** children who most need ECEAP. All responses are confidential*).

Does this child have a household family member who has a chronic physical or mental health conditions that?

Severely impacts their ability to engage in work, school, or family life?  YES  NO Moderately impact their ability to engage in work, or family life?  YES  NO

Does this child have a parent who was under age 18 when this child was born?  YES  NO

Does this child have a parent who is a migrant or seasonal agricultural worker? (51% or more of family income comes from agricultural work)  YES  NO

Does this child have a parent on active duty in the U.S. Military?  YES  NO

Does this child have a parent currently a member of a National Guard unit or a Military Reserve unit?  YES  NO

Does this child have a military parent currently deployed, or within the past 12 months, or for a total of 19 or more months within the child’s lifetime?  YES  NO

Does this child have a family who attended an Indian Boarding School?  YES  NO

Does this child have a parent who is incarcerated in jail, prison, or a detention center?  YES  NO

Has this child experienced the loss of a parent, such as by death, abandonment, or deportation?  YES  NO

Has this child experienced divorce or separation of their parents?  YES  NO

Has this child experienced homelessness within the last 12 months?  YES  NO

Has this child lived in a household with domestic violence, including in-utero?  YES  NO

Has this child lived in a household with substance abuse, including in-utero?  YES  NO

Has this family received CPS/FAR/ICW services or been involved with law enforcement/court system regarding child abuse, neglect, or sexual assault in the past?  YES  NO

Has this child been reunited with parents after foster or kinship care in the past 12 months?  YES  NO

ECEAP received a professional referral for this family?  YES  NO

Do you need *transportation for your child to be able to attend school*?  YES  NO

What was the parent/guardian’s highest grade completed for: Parent #1 \_\_\_\_\_ Parent #2 \_\_\_\_\_

Centralia College does NOT discriminate against any person based on race, color, national origin, disability, sex, genetic information, or age in admission, treatment, or participation in its programs, services, and activities, or in employment. All inquiries regarding compliance with access, equal opportunity and/or grievance procedures should be directed to the Vice President of Human Resources and Legal Affairs, Centralia College, 600 Centralia College Blvd., Centralia WA 98531 360-623-8943

Date in ELMS: \_\_\_\_\_

Information received by: \_\_\_\_\_