



Child Information

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Gender: Male Female X _____

What is your child's primary language? English Spanish Russian Vietnamese Chinese Other: _____

What language(s) do you speak at home? English Spanish Russian Vietnamese Chinese Other: _____

Child's Race and Ethnicity:

American Indian or Alaska Native

- American Indian
 Alaska Native
 Canadian Inuit, Metis, or First Nation
 Indigenous Mexican, Central American, or South American

Native Hawaiian or Pacific Islander

- Guamanian or Chamorro
 Micronesian
 Native Hawaiian
 Samoan
 Tongan
 Other Pacific Islander

Middle Eastern/Northern African

- Northern African
 Middle Eastern

Asian

- Asian Indian
 Chinese
 Filipino/a
 Hmong
 Japanese
 Korean
 Laotian
 South Asian
 Vietnamese
 Other Asian

Hispanic or Latino/a

- Hispanic or Latino/a Central American
 Hispanic or Latino/a Mexican
 Hispanic or Latino/a South American
 Other Hispanic or Latino/a

Black or African American

- African American
 African (Black)
 Caribbean (Black)
 Other Black

White

- Eastern European
 Slavic
 Western European
 White/Caucasian
 Other White

Other Categories

- Other (Please list)
 Don't know/Unknown
 Decline/Don't want to answer

What is your household size? _____

Do you consider your family to be homeless (see page 4)? Yes No

Does your family have an Individual Family Service Plan (IFSP) to support your child's development? Yes No

Does your child have any other health, nutrition, behavioral or mental health concern that requires specialized supports? Yes No

If yes, list any health partners, ECSE specialist, or other providers you would like us to know about: _____

Is your child currently enrolled in a child care/preschool program? Yes No

If yes, list the name of the program: _____

Legal Parent/Guardian 1 Information

First Name: _____ Middle Name: _____ Last Name: _____

Relationship to child: Parent Legal Guardian Foster Parent Other: _____

Child lives with Parent/Guardian what percentage of time: 0% 1 to 25% 26 to 50% 51 to 74% 75 to 99% 100%

Legal Parent/Guardian 1 Contact Information:

Primary Phone: _____ Secondary Phone: _____ Email: _____

Mailing Address: _____ City: _____ Zip Code: _____

Physical Address (if different): _____ City: _____ Zip Code: _____

How do you prefer to be contacted? Primary Phone Secondary Phone Email Other: _____

Legal Parent/Guardian 1 Language:

In what language do you prefer to receive . . .

Written Communication: English Spanish Russian Vietnamese Chinese Other: _____

Verbal Communication: English Spanish Russian Vietnamese Chinese Other: _____

Legal Parent/Guardian 1 Employment Status:

Check all that apply: Employed PT/FT Student Unemployed Business Owner Other: _____

Legal Parent/Guardian 2 Information

First Name: _____ Middle Name: _____ Last Name: _____

Relationship to child: Parent Legal Guardian Foster Parent Other: _____

Child lives with Parent/Guardian what percentage of time: 0 % 1 to 25% 26 to 50% 51 to 74% 75 to 99% 100%

Legal Parent/Guardian 2 Contact Information:

Primary Phone: _____ Secondary Phone: _____ Email: _____

Mailing Address: _____ City: _____ Zip Code: _____

Physical Address (if different): _____ **City:** _____ **Zip Code:** _____

How do you prefer to be contacted? Primary Phone Secondary Phone Email Other: _____

Legal Parent/Guardian 2 Language:

In what language do you prefer to receive . . .

Written Communication: English Spanish Russian Vietnamese Chinese Other: _____

Verbal Communication: English Spanish Russian Vietnamese Chinese Other: _____

Legal Parent/Guardian 2 Employment Status:

Check all that apply: Employed PT/FT Student Unemployed Business Owner Other: _____

-----STOP HERE PROCEED TO PAGE 3 TO SIGN PARENT CONSENT AND COMPLETE APPLICATION-----

CERTIFICATION OF ELIGIBILITY - FOR ENROLLMENT STAFF USE ONLY

Hub Name: _____

STEP 1 – Complete the following information:

in Family: _____ Annual Income: _____

Family Income is:

At or Below 100% FPL TANF, SNAP, OHP (Adult) recipient

101 – 130% FPL FAR waiver for over income

131-200% FPL

Is the Family Income Eligible? Yes No

Documents presented for income verification: **

Check all that apply

Child Support Statements

Foster child documentation

Income Tax Form 1040 or 1040A

TANF, SNAP, OHP benefits letter

Paystubs (3 most recent concurrent)

SSI letter

Unemployment Statements

W2

Family Income Statement

Other

****Keep copies of all documentation presented/used to determine**

Age* of the child:

Is the child age eligible? Yes No

Documents presented for age eligibility:

Copy of birth certificate;

Copy of hospital record;

Copy of child’s immunization record;

Health insurance documentation;

Foster care placement letter;

Legal document that shows child’s date of birth; or

Preschool Promise Date of Birth Supplemental Form

*Child must be 3 or 4 by September 1 of upcoming school year. Family

resides in Oregon? Yes No

Documents presented for living in Oregon verification:

Current utility/service bill (electric, gas, water/sewer and waste);

Lease or rental agreement; or

Identification card or Oregon driver’s license;

Paystub or W-2;

Benefits letter (Social Security, TANF, SNAP, OHP letter, etc.);

Foster care placement letter;

Secure address through Address Confidentiality Program; or

Preschool Promise Address Supplemental Form

(Homeless families not required to submit Oregon address documentation.)

CERTIFICATION OF ELIGIBILITY - FOR ENROLLMENT STAFF USE ONLY - CONT

STEP 2 – Staff Certification and signature:

INTAKE STAFF - I have examined documents and information presented by the parent(s)/guardian(s) and to the best of my knowledge the family is:

- Eligible for Preschool Promise services
Not Eligible for Preschool Promise services

Staff Print Name Staff Signature Date

STEP 3 – Placement

Child is placed in at PSP Grantee Site Name Date

In the event of a transfer:

Child is placed in at PSP Grantee Site Name Date

Child is placed in at PSP Grantee Site Name Date

PARENT CONSENT - Legal Parent/Guardian Signature

By signing this application, I confirm that I have given true and complete information and I understand that the Oregon Department of Education and its Early Learning Division may verify the information on this form. I understand that making false statements or intentionally omitting information may subject me to state and federal penalties. I understand Preschool Promise is a state funded program and preschool services provided under the Preschool Promise program may end if funds are no longer available.

I understand and agree that the information on this form, any information gathered or collected by the provider as part of the Certification of Eligibility, and any tests or reports, describing my child’s educational progress in the Preschool Promise Program may be shared with entities involved in the delivery of Preschool Promise services and supports to my child, including but not limited to preschool providers, Enrollment Committees, Early Learning Hubs, Education Service Districts and the Oregon Department of Education and its Early Learning Division, for the purpose of administering and evaluating the Preschool Promise Program.

Submission of this eligibility form is not a guarantee of admission into the Preschool Promise program.

Legal Parent/Guardian Signature and Date Required.

Print Name Signature Date

