



# Early Learning Programs Interest Form

Thank you for your interest in Walla Walla Public School's Early Learning Programs!  
Please complete this form to help us determine the best placement for your child.

<b>Child's Name</b>	<b>Date of Birth:</b>
<b>Parent or Guardian Name(s):</b>	<b>Address:</b>
<b>Phone Number (best contact):</b>	<b>Email:</b>
<b>What is the best way to contact you?</b>	<input type="checkbox"/> <b>Phone</b> <input type="checkbox"/> <b>Text</b> <input type="checkbox"/> <b>Email</b>
<b>Please indicate the length of day you prefer:</b>	<input type="checkbox"/> <b>Half-Day</b> (approx. 3 hours per day) <input type="checkbox"/> <b>Full-Day</b> (approx. 6 hours per day)

Is this child on an Individualized Education Program (IEP)?  Yes  No

If no, do you have any concerns about this child's development?  Yes  No

Is this child's family currently receiving Child Protective Services (CPS), Family Assessment Response (FAR), or similar Indian Child Welfare (ICW) services?  Yes  No

Is this child in official foster care? *This means there is a caregiver authorization from a state or tribe that says this is a foster care placement.*  Yes  No

Is this child in kinship care – with or without a grant, with a relative or suitable other?  Yes  No

Was this child adopted after foster or kinship care?  Yes  No

Was this child expelled or removed from a child care or preschool program?  
*Answering yes to this question will not disqualify your child from enrollment.*  Yes  No

Is your family experiencing inadequate housing or homelessness? *(Doubling-up with friends or family, in emergency or transitional shelter, or moving from place to place.)*  Yes  No

**Language** this child speaks (select only one):

- Only English
- Mostly English and some of another home language
- Some English but mostly another home language
- English and another language (bilingual)
- Only a home language other than English

Child's first language: \_\_\_\_\_

Child's second language: \_\_\_\_\_

**Some of the Early Learning Programs are income based.  
Please circle the household size and income that best represents your family.**

Family Size	Annual Income						
	<b>1</b>	\$12,490	\$13,739	\$16,237	\$23,107	\$24,980	\$31,225
<b>2</b>	\$16,910	\$18,601	\$21,983	\$31,284	\$33,820	\$42,275	\$67,640
<b>3</b>	\$21,330	\$23,463	\$27,729	\$39,461	\$42,660	\$53,325	\$85,320
<b>4</b>	\$25,750	\$28,325	\$33,475	\$47,638	\$51,500	\$64,375	\$103,000
<b>5</b>	\$30,170	\$33,187	\$39,221	\$55,815	\$60,340	\$75,425	\$120,680
<b>6</b>	\$34,590	\$38,049	\$44,967	\$63,992	\$69,180	\$86,475	\$138,360
<b>7</b>	\$39,010	\$42,911	\$50,713	\$72,169	\$78,020	\$97,525	\$156,040
<b>8</b>	\$43,430	\$47,773	\$56,459	\$80,346	\$86,860	\$108,575	\$173,720
For each additional family member add:	\$4,420	\$4,862	\$5,746	\$8,177	\$8,840	\$13,260	\$17,680

**Comments** (please indicate if your family income is not listed above): \_\_\_\_\_

**Previous Enrollments**

This child was previously enrolled in (check all that apply):

- Early Head Start
- Head Start at WWPS
- Head Start or Migrant Head Start with a different agency
- Early Childhood Education and Assistance Program (ECEAP)
- Any birth-to-three home visiting program
- Private child care or preschool program

Name of childcare or preschool program: \_\_\_\_\_

**Other Considerations for Enrollment (check all that apply):**

- Child has no preschool experience or opportunities to play with other children
- Child shows delay in social skills or learning skills
- Family may not qualify for a *free* early learning program, but may wish to participate on a *tuition* basis

**Signature of Parent/Guardian**

*I certify that the information provided on this form is true and correct to the best of my knowledge.*

*I understand that information from this application will be used to determine my child's eligibility in Walla Walla Public Schools Early Learning Programs and may be entered into the Early Learning Management System (ELMS) operated by the Department of Children, Youth and Families (DCYF).*

Print name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# WWPS Transitional Kindergarten: Developmental Questionnaire

Completing this form will help determine your child's readiness for our transitional kindergarten program.  
Please read each statement and check the box that best describes your child's current ability.

<b>Child's Name:</b>	<b>Person completing questionnaire:</b>
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	Often or Always	Sometimes	Not Yet	Not Sure
Does your child play well with others?				
Is your child able to follow simple directions?				
Does your child help clean up, share, and take turns?				
Is your child's speech in the <u>English language</u> understood by most people in the home?				
Is your child's speech in <u>another spoken language</u> understood by most people in the home?				
Can your child identify letters in their own name?				
Can your child sit and listen to a story being read?				
Does your child name five different colors?				
Is your child able to count up to 5 objects?				
Can your child identify basic shapes? (square, rectangle, circle, triangle)				
Does your child catch a large ball with both hands?				
Can your child hold a pencil and draw lines or shapes?				
Does your child stand on one foot for at least 5 seconds without losing balance?				

Has anyone shared concerns about your child's behaviors?  Yes  No

If yes, please explain:

Does anything about your child worry you?  Yes  No

If yes, please explain: