



PRESCHOOL PROGRAMMING APPLICATION NORTHLAND EARLY CHILDHOOD COLLABORATIVE

Northland Community Schools (218) 566-2351
 Northland Area Family Service Center (218) 566-3636
 Leech Lake Early Childhood (218) 551-0969

Office Use Only:
 Age as of Sept. 1st
 ___ yr ___ mo ___ d

Received: _____

PLEASE PRINT

Child's LEGAL Name _____

First Middle Last

Birth Date: ___ / ___ / ___

Primary Language(s) in home: _____

Home Address: _____

Lot/Apt _____ City _____ State _____ Zip _____

Ethnic/Racial Designation (please indicate)			
Hispanic	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Native American	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Asian	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Black/African American	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Hawaiian	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
White	YES	<input type="checkbox"/>	NO <input type="checkbox"/>

Mailing Address: _____ Lot/Apt _____ City _____ State _____ Zip _____

Home Phone (____) _____ Mother Cell (____) _____ Father Cell (____) _____

Email Address _____ Permission to receive text messages: Yes No

<p>Housing:</p> <p><input type="checkbox"/> Rent</p> <p><input type="checkbox"/> Own your home</p> <p><input type="checkbox"/> Staying with friends or family</p> <p><input type="checkbox"/> Temporary living arrangements</p> <p><input type="checkbox"/> Shelter or Crisis Center</p> <p><input type="checkbox"/> No housing/homeless</p> <p><input type="checkbox"/> Subsidized housing</p>	<p>Child currently lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian</p> <p><input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent or Other Relative <input type="checkbox"/> Other _____</p> <p>TOTAL # IN FAMILY _____</p> <p>Custody Arrangements _____</p> <p>Non-Custodial parent name _____ Phone _____</p>
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Mother/Guardian living in household:

Name _____

First Middle Last

Relationship to child:

Parent Step-Parent Foster Grandparent

Birth Date: ___ / ___ / ___ Primary Language: _____

Race: American Indian or Alaskan Native Asian

Biracial//Multi-racial Black or African American

Native Hawaiian or Other Pacific Islander White

Other _____ **Ethnicity:** Hispanic/Latino

Military: Yes No Active/Veteran

Marital Status: Single Engaged Married

Separated Divorced Widowed

Medical Coverage _____ None

Education:

Less than grade 12 High school graduate GED

Some College/Training Bachelor or advanced degree

Currently a student:

Yes No Full-time Part-time

Employment: Full-time Part-time Self-employed

Seasonal Unemployed Retired Disabled

Stay at home parent

Employer _____

Phone _____ City _____

Father/Guardian living in household:

Name _____

First Middle Last

Relationship to child:

Parent Step-Parent Foster Grandparent

Birth Date: ___ / ___ / ___ Primary Language: _____

Race: American Indian or Alaskan Native Asian

Biracial//Multi-racial Black or African American

Native Hawaiian or Other Pacific Islander White

Other _____ **Ethnicity:** Hispanic/Latino

Military: Yes No Active/Veteran

Marital Status: Single Engaged Married

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Medical Coverage _____ None

Education:

Less than grade 12 High school graduate GED

Some College/Training Bachelor or advanced degree

Currently a student:

Yes No Full-time Part-time

Employment: Full-time Part-time Self-employed

Seasonal Unemployed Retired Disabled

Stay at home parent

Employer _____

Phone _____ City _____

AI – American Indian or Alaskan Native Asian B/M – Biracial//Multi-racial
Blk – Black or African American NH/PI – Native Hawaiian or Pacific Islander White Other

Other members in household (**NOT** listed on front page):

Name: First, Last	Birth Date	Race†	F / M	Grade	Y / N	Y / N	Relationship to Applicant	Y / N
			Gender		Disabled	Medical Coverage		Hispanic/Latino
	/ /		F / M		Y / N	Y / N		Y / N
	/ /		F / M		Y / N	Y / N		Y / N
	/ /		F / M		Y / N	Y / N		Y / N
	/ /		F / M		Y / N	Y / N		Y / N
	/ /		F / M		Y / N	Y / N		Y / N
	/ /		F / M		Y / N	Y / N		Y / N
	/ /		F / M		Y / N	Y / N		Y / N
	/ /		F / M		Y / N	Y / N		Y / N

Has your child had an Early Childhood Screening? Yes No If yes, where/when? _____

Has your child attended a preschool program? Yes No If yes, where/when? _____

Does your child go to day care? Yes No

Does family receive SNAP (Supplemental Nutrition Assistance Program) Services? Yes No

WIC Yes No

Please check if your household has received any of the following income / assistance in the last 12 months:

- Salary or Wages Child Support Self-Employment MFIP/ DWP General Assistance SSI Social Security
 School Grants Unemployment Worker's Compensation Retirement Veteran's Benefits Other _____

Does your child have a disability or special needs? Yes No

If yes, please explain _____

If receiving services, from whom? _____

Do you have any concerns about your child's social skills, development, or speech: Yes No

If yes, explain _____

Does your family have needs in the following areas: Education Employment Housing Health
 Energy Assistance Medical/Dental Insurance Transportation Child Care Other _____

List a contact person in case you can't be reached:

Name _____ Relationship _____ Phone _____

Please tell us where you got this application or who told you about our program:

Transportation: _____ Child will ride school bus _____ Parent/Guardian will transport

I certify that the information on this application, which will be used in determining eligibility for Preschool Programming, is true and correct. **I also understand that this application DOES NOT automatically "enroll" my child into the Program.** Notification of enrollment will follow at a later date. The information on this application may be used for the purpose of NECC enrollment and to prepare statistical reports to collect state and local funds for services.

Signature of Parent/Legal Guardian

Printed Name

Date

Please review the application to verify ALL information is completed. Save the document on your computer. Then email the file to: director@northlandfamilycenter.org Or, you can print out and mail to: Northland Family Center, PO Box 304, Remer, MN 56672