

PRESCHOOL PROGRAMMING APPLICATION NORTHLAND EARLY CHILDHOOD COLLABORATIVE

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

(218) 566-2351 (218) 551-0969

Office	Use On	ly:
Age as	of Sept.	1 st
yr	mo _	d
Received:		

Child's LEGAL Name							
	First	Middle	Last				
Birth Date: /_ /		Ethnic/Racial Designation					
Primary Language(s) in home:			YES 🗆 NO				
- I illiary Languago(o) ill iloillo.		.	YES 🗆 NO				
		Asian	YES 🗆 NO				
Home Address:		Black/African American YES NO					
		Hawaiian	YES 🗆 NO				
Lot/AptCitySta	ate Zip	White	YES 🗆 NO				
Mailing Address:		Lot/Apt City	State	_ Zip			
Home Phone ()	Mother Cell ()	Father	r Cell ()				
Email Address		Permission to receive	ve text messages:	⊐ Yes □ No			
Housing:	Child currently lives wit	h: □ Both Parents □ Mother	 r □ Father □ Lega	al Guardian			
□ Rent □ Own your home		ndparent or Other Relative					
□ Staying with friends or family	TOTAL # IN FAMILY						
☐ Temporary living arrangements☐ Shelter or Crisis Center	Custody Arrangements						
□ No housing/homeless							
Subsidized housing Non-Custodial parent name Phone ()							
Mother/Guardian living in household	÷	Father/Guardian living in ho	<u>usehold</u> :				
Name		Name					
First Midd	lle Last	First Middle Last					
Relationship to child:		Relationship to child:					
□ Parent □ Step-Parent □ Foster	□ Grandparent	□ Parent □ Step-Parent	□ Foster □ Grandpa	arent			
Birth Date:// Primar	y Language:	Birth Date:/ Primary Language:					
Race: American Indian or Alaskar	n Native □ Asian	Race: American Indian or Alaskan Native Asian					
□ Biracial//Multi-racial □ Black or A		□ Biracial//Multi-racial □ Black or African American					
□ Native Hawaiian or Other Pacific Isl		□ Native Hawaiian or Other Pacific Islander □ White					
□ Other Ethnicity:		□ Other Ethnicity: □ Hispanic/Latino					
_			-				
Military: □ Yes □ No □ Active/\		Military: □ Yes □ No □					
Marital Status: Single Engag		Marital Status: □ Single □ Engaged □ Married					
☐ Separated ☐ Divorced ☐ Widov	wed	□ Separated □ Divorced	□ Widowed				
Medical Coverage □ None		Medical Coverage □ None					
Education:		Education:					
	ol graduate □ GED	□ Less than grade 12 □ High school graduate □ GED					
	or or advanced degree	□ Some College/Training □ Bachelor or advanced degree Currently a student:					
Currently a student:							
□ Yes □ No □ Full-time □ Part	-time	□ Yes □ No □ Full-time	□ Part-time				
 Employment: □ Full-time □ Part-t	time Self-employed	Employment: Full-time	□ Part-time □ Self	-employed			
□ Seasonal □ Unemployed □ Re	· ·	□ Seasonal □ Unemployed		· ·			
□ Stay at home parent	area 🗆 Disabled	☐ Stay at home parent	i intenieu ii Disa	UNICU			
EmployerPhone C		EmployerPhone	City				
	/:. T		CILY				

Other members in household (N	IOT listed on front page	e):						
lame: First, Last	Birth Date	Race↑	Gender	Grade	Disabled	Medical Coverage	Relationship to Applicant	Hispanio 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
Has your child had an Early Has your child attended a pr Does your child go to day ca Does family receive SNAP (S WIC Yes No	eschool program? □	Yes □ No	If yes,	where/w	hen?			
If yes, please explain If receiving services, from Do you have any concerns a If yes, explain	whom?bout your child's soc	ial skills, de	velopme	ent, or s				
Does your family have need: □ Energy Assistance □ Med	s in the following area ical/Dental Insurance			Employr □ Child C			□ Health 	
List a contact person in case	you can't be reached	d:						
Name		Relation	ship		P	none <u>(</u>)	
Please tell us where you got	this application or wh	no told you	about ou	ır progra	am:			
Transportation:Chil	d will ride school bus	F	Parent/Gu	ıardian	will trans	oort		
I certify that the information is true and correct. I also Program. Notification of e purpose of NECC er	understand that th	is applicat at a later da	ion DOE ate. The	S NOT	automat ation on tl	ically "en nis applica	nroll" my child ation may be us	into the ed for the
Signature of Parent/Lega	l Guardian	Prir	nted Na				Date	

B/M - Biracial//Multi-racial

<u>A</u>sian

AI - American Indian or Alaskan Native

Please review the application to verify ALL information is completed. As soon as possible, return this completed form to: Northland Family Center, PO Box 304, Remer, MN 56672 or email to: director@northlandfamilycenter.org