



# 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. 1<sup>st</sup>  
 \_\_\_ 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			
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

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

