



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 (800) 551-0969

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

PLEASE PRINT

Child's LEGAL Name _____

_____ First _____ Middle _____ Last _____

Gender: male female

Birth Date: ___/___/___

Primary Language(s) in home: _____

Home Address: _____

Lot/Apt _____ City _____ State _____ Zip _____

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

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

Email Address _____ Permission to receive text messages: Yes No

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"/>

Housing:

Rent
 Own your home
 Staying with friends or family
 Temporary living arrangements
 Shelter or Crisis Center
 No housing/homeless
 Subsidized housing

Child currently lives with: Both Parents Mother Father Legal Guardian
 Foster Parent Grandparent or Other Relative Other _____

TOTAL # IN FAMILY _____

Custody Arrangements _____

Non-Custodial parent name _____ Phone () _____

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

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 Seasonal Unemployed Retired Disabled
 Stay at home parent

Employer _____
 Phone _____ City _____

OVER

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†	Gender	Grade	Disabled	Medical Coverage	Relationship to Applicant	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

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:

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. As soon as possible, return this completed form any of the groups in the Northland Early Childhood Collaborative (listed on the front of this form.)