PRESCHOOL PROGRAMMING APPLICATION
NORTHLAND EARLY CHILDHOOD COLLABORATIVE "NECC"

PO Box 304
Remer, MN 56672
218-566-3636

Office Use Only:
Age as of September 1st
__ yr __ mo __ d

PLEASE PRINT

Child's LEGAL Name _____ _____ _____
First Middle Last

Gender: □ male □ female

Birth Date: ____/____/_____

Primary Language(s) in home:
_____

Ethnicity: □ Hispanic/Latino
Race: □ American Indian or Alaskan Native □ Asian □ Biracial//Multi-racial
□ Black or African American □ Native Hawaiian or Other Pacific Islander
□ White □ Other_____

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

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

Military: □ Yes □ No □ Active/Veteran
Marital Status: □ Single □ Engaged □ Married
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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 to: Northland Family Center, PO Box 304, Remer, MN 56672

18-19