

	<b>EARLY CHILDHOOD ENROLLMENT APPLICATION</b>	School Year: 2021/2022
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**STUDENT INFORMATION - *please print***

<b>Student Last Name:</b>		<b>Student First Name:</b>		<b>Middle Name:</b>	
<b>Legal Mom's First &amp; Last Name:</b>		<b>Legal Dad's First &amp; Last Name:</b>		<b>Student Race (Circle one):</b> White Black American Indian/Alaskan Asian Hispanic Hawaiian/Pacific Islander	
<b>Student Street Address:</b>		<b>P.O. Box:</b>	<b>City:</b>	<b>County:</b>	<b>State:</b> MN
<b>Date of Birth:(mm/dd/yy)</b>	<b>Student's Gender</b>	<b>Is student a US Citizen?</b> ___ Yes ___ No	<b>Student has a disability?</b> ___ Yes ___ No	<b>Student Language:</b>	
Is your family currently homeless?				1st language:	
				2nd language:	
<b>Does Student have an IEP?</b> ___ Yes ___ No		<b>Does Student receive mental health services?</b> ___ Yes ___ No			

<b>Mom/Guardian Home/Cell #:</b>		<b>Mom/Guardian Work #:</b>	
<b>Dad/Guardian Home/Cell #:</b>		<b>Dad/Guardian Work #:</b>	
<b>Has your child had an early childhood screening?</b>	<b>If yes, where?</b>	<b>Is it ok to photograph your child for educational purposes?</b>	
<b>Student Applicant Concerns (please circle ALL that apply):</b> Premature/Low Birth Weight High Risk Pregnancy Medical Developmental Concerns Birth Defects/Chronic Illness Speech/Language Separation Anxiety Child with No Group Experience Behavior Other			

**PRIMARY ADULT/LEGAL GUARDIAN INFORMATION - *please print***  
*(complete the following information about yourself)*

<b>Last Name:</b>		<b>First Name:</b>		<b>Middle Name:</b>	
<b>Gender</b>		<b>Ethnicity:</b> ___ Latino ___ Non-Latino	<b>Race (circle one):</b> White Black American Indian/Alaskan Asian Hispanic Hawaiian/Pacific Islander		
<b>Relationship to Student Applicant (circle one):</b> Mom/Guardian Dad/Guardian Foster Parent Other					
<b>Marital Status (circle one):</b> Single Married Separated Widowed Divorced Living Together Never Married		<b>Classroom Volunteer Status:</b> ___ Yes, I'd like to ___ Not able		<b>Family Type (circle one):</b> Single Parent/Female Single Parent/Male Two Parent Household Foster Non-Custodial Care Giver Grandparent Child lives with: _____	
<b>Housing Type (circle one):</b> Own Rent Homeless Shelter Living with Extended Family		<b>Date of Birth:</b>	<b>US Citizen:</b> ___ Yes ___ No	<b>Disability:</b> ___ Yes ___ No	<b>Total number of people living in household</b>
<b>ighest Level of Education (circle):</b> High School/GED Some College Trade School Associate Degree Bachelor Degree Graduate or Professional Degree If less than high school diploma, highest grade completed _____			<b>Email:</b>		

<b>Employment:</b> ___ Employed (___ Average Hours/Week) ___ Unemployed, Seeking Employment ___ Unemployed, NOT Seeking Employment		<b>Your household's total yearly income before taxes</b>

I certify there are a total of \_\_\_\_\_ members of my household dependent upon the income I submitted. I certify the above information is true and correct and that Early Childhood staff may verify my information.

<b>Legal Guardian Signature</b>	<b>Date</b>