Mille Lacs Early Education



Child Information:

Date of Birth or Expected Due Date:

District 1: Wewinabi Early Education

43648 Virgo Road Onamia, MN 56359 Phone: 320-532-7590 Fax: 320-532-0915

Please complete one application per child. Please print clearly.

District 2: East Lake Early Education

36666 State Highway 65 McGregor, MN 55760 Phone: 218-768-2051 District 3: Lake Lena Early Education

63925 Ojibwe Road Sandstone, MN 55072 Phone: 320-384-7162



MLEE PRE-APPLICATION

A pre-application does not guarantee enrollment in the program. Enrollment in the program is based on need and space availability. Pre-applications are based on a point system not on a first come first serve basis. Those with the highest points have priority when space is available. If you have any questions, feel free to contact our Head Start Services Coordinator, Tricia Thomas, at tricia.thomas@millelacsband.com or 320-532-7590 ext. 4402. Miigwech for choosing Mille Lacs Early Education and we look forward to serving your family in the near future!

Gender: Female Male Unkn	own		
Tribal Affiliation: MLBO Member	MLBO Descendant Member/Descendant of a different Tribe		
If not affiliated with MLBO, what tribe is the child affiliated with?			
Who does your child reside with? Both	Parents Mother Only Father Only Other		
Does your child have a disability (learning	ng, medical or physical)? Yes No Suspected		
Does your child have a current IFSP or IE	P in place? Yes No In Progress		
Was there drug or alcohol exposure during pregnancy? Yes No Suspected Unknown			
Is this child in foster care or in the custody of a Family Services agency? Yes No			
Guardian 1:			
Name:			
Relationship to Child: Mother Fathe			
Date of Birth:	Are you 18 years old or younger? Yes No		
Address:	Are you 18 years old or younger? Yes No City: State/Zip:		
Address:	Are you 18 years old or younger? Yes No City: State/Zip: Phone:		
Address:	City: State/Zip:		
Address:Email address:	City: State/Zip: Phone:		
Address: Email address: Are you a single parent? Yes No	City:State/Zip:		
Address: Email address: Are you a single parent? Yes No What is your highest level of education?	City: State/Zip: Or College? Yes No		
Address: Email address: Are you a single parent? Yes No What is your highest level of education? Are you currently attending High School Are you currently working on receiving y	City: State/Zip: Or College? Yes No		
Address: Email address: Are you a single parent? Yes No What is your highest level of education? Are you currently attending High School Are you currently working on receiving y What is your current housing situation?	City: State/Zip: Phone: Or College? Yes No Your GED? Yes No		
Address: Email address: Are you a single parent? Yes No What is your highest level of education? Are you currently attending High School Are you currently working on receiving y What is your current housing situation? What is your current employment status	City:State/Zip: Phone: or College? Yes No your GED? Yes No Rent Own Living w/Family Transitional Housing Other		
Address: Email address: Are you a single parent? Yes No What is your highest level of education? Are you currently attending High School Are you currently working on receiving y What is your current housing situation? What is your current employment status Place of employment (if applicable):	City:State/Zip: Phone: or College? Yes No your GED? Yes No Rent Own Living w/Family Transitional Housing Other s? Full-time Part-time Unemployed		
Address: Email address: Are you a single parent? Yes No What is your highest level of education? Are you currently attending High School Are you currently working on receiving y What is your current housing situation? What is your current employment status Place of employment (if applicable):	City:State/Zip: Phone: or College? Yes No your GED? Yes No Rent Own Living w/Family Transitional Housing Other s? Full-time Part-time Unemployed indant Member/Descendant of a different Tribe No tribal affiliation		
Address: Email address: Are you a single parent? Yes No What is your highest level of education? Are you currently attending High School Are you currently working on receiving y What is your current housing situation? What is your current employment status Place of employment (if applicable): Are you a: MLBO Member MLBO Descer	City:State/Zip: Phone: or College? Yes No your GED? Yes No Rent Own Living w/Family Transitional Housing Other s? Full-time Part-time Unemployed indant Member/Descendant of a different Tribe No tribal affiliation		

Guardian 2:		
Name:		
Relationship to Child: Mother Father Grandparent Aunt/Uncle Foster Parent Other		
Date of Birth: Are you 18 years old or younger? Yes No		
Address: City: State/Zip:		
Email address: Phone: Phone: Phone:		
What is your highest level of education?		
Are you currently attending High School or College? Yes No		
Are you currently working on receiving your GED? Yes No		
What is your current housing situation? Rent Own Living w/Family Transitional Housing Other		
What is your current employment status? Full-time Part-time Unemployed		
Place of employment (if applicable):		
Are you a: MLBO Member MLBO Descendant Member/Descendant of a different Tribe No tribal affiliation		
Do you have health and dental insurance? Yes No		
Will you need wraparound childcare services (conditions apply)? Yes No		
Emergency/Alternative Contact:		
Name:		
Relationship to Child:		
Primary Phone Number:		
Income:		
Please check all sources of income in the household.		
☐ Food Stamps (SNAP)		
☐ WIC Supplemental Program (Women, Infants & Children)		
□ Relative Care Payments		
□ Foster Care Subsidy Payments		
☐ MFIP (MN Family Investment Program) or TANF (Temporary Assistance for Needy Families)		
□ Social Security Benefits (SSI)		
□ Northstar Kinship Assistance or Adoption Subsidy Payments		
□ Per Capita Payments/Tribal Payments		
☐ Wages from Employment (paycheck)		
☐ Unemployment Compensation or Short/Long Term Disability		
□ Veteran's Benefits (VA)		
□ Self-Employment Income or Farm Income		
□ Other:		
- Cinci.		
What district are you wanting your child enrolled in?		
□ D1 – Onamia		
□ D2 − McGregor		
☐ D3 — Hinckley (6 weeks to 3 years of age only)		
□ D3 − Sandstone		
ט – Janustone		

Foster Care Only – Skip to next section if child is not a foster child:		
What county has custody of the child?		
Social Worker's Name:		
Social Worker's Email:		
Social Worker's Phone Number:		
Custody:		
Do the biological parents have legal and physic	cal custody of the child? Yes No	
If neither of the biological parents will be enrolling t	he child, one of the following documents must be provided when	
turning in the pre-application. This does not apply to	o foster children.	
Is there an active court ordered custody agree	ment? Yes No	
If so, is this an emergency or temporary custoo	dy order? Yes No Expiration Date:	
Is there a current DOPA in place? Yes No Expiration Date:		
Additional Information:		
Total Number in Family:		
Are either of the child's biological parents curr	rently incarcerated? Yes No Unsure	
Are either of the child's biological parents in a	treatment facility for drugs or alcohol? Yes No Unsure	
Are either of the child's biological parents dec		
Is there an active restraining order or DANCO i	in place that involves the child? Yes No	
If yes, you must provide the appropriate documenta	•	
Is anyone in your home actively involved in the		
Is anyone in your home a military veteran? Y		
Are you interested in employment opportuniti		
Do you have any other information you'd like	-	
Are you able to provide us with a copy of the o	child's birth certificate? Yes No	
If yes, please provide us with a copy of the birth cert	tificate when turning in the pre-application. A birth record from the	
hospital is not considered a birth certificate. If you n	eed assistance in obtaining your child's birth certificate, please ask	
us for more information on how to request one.		
Is your child up to date on immunizations? You	es No Unsure	
* * * * * * * * * * * * * * * * * * * *	nmunization Record (MIIC), we can provide you one with your	
verbal or written consent. We cannot provide immu	nization records from a different state.	
When was your child's last well child exam?		
	immunizations and have a current well child exam on file while	
•	well child exam is not current, please set up an appointment with	
	mation on clinics in your area if you are unsure where to go. If you	
, ,	rized Immunization Exempt form must be on file at the time of	
emoninent. Covid vaccinations are NOT required at	t attend MLEE. Contact us if you have any questions.	
Office Use Only		
Office Use Only:	Signature:	
Date Received:	Date:	
Received by:	Date:	
Dale Chieren:		

Number of Points: _