

Mille Lacs Early Education



District 1: Wewinabi Early Education 43648 Virgo Road Onamia, MN 56359 Phone: 320-532-7590 Fax: 320-532-0915	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 55070 Phone: 320-384-7162
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WAITING LIST APPLICATION

Child's Name: _____ **Date of Birth:** _____
Gender: _____ **Drug/Alcohol Exposure (circle one) YES NO SUSPECTED**
Is the child an (circle one) Enrolled MLBO Member MLBO Descendant Native American Indian
Does the child have a disability – Learning, Medical or Physical? (circle one) YES NO SUSPECTED

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Does the child have a disability – Learning, Medical or Physical? (circle one) YES NO SUSPECTED

Mother/Legal Guardian: _____ **Date of Birth** _____
Address: _____ **City:** _____ **State/Zip:** _____
Primary Phone: _____ **Are you 18 years or younger? (circle one) YES NO**
Are you a single parent? (circle one) YES NO Highest Level of Education: _____
Are you working on your High School Diploma or GED? (circle one) YES NO
Are you currently in college? (circle one) YES NO
Current Living Situation (circle one) Own Rent Living w/Family Other
Place of Employment: _____ (circle one) Full-time Part-time
Do you have medical/dental insurance? (circle one) YES NO
Are you enrolled in Mille Lacs Band? (circle one) YES NO Will you need childcare? (circle one) YES NO

Father/Legal Guardian: _____ **Date of Birth** _____
Address: _____ **City:** _____ **State/Zip:** _____
Primary Phone: _____ **Are you 18 years or younger? (circle one) YES NO**
Are you a single parent? (circle one) YES NO Highest Level of Education: _____
Are you working on your High School Diploma or GED? (circle one) YES NO
Are you currently in college? (circle one) YES NO
Current Living Situation (circle one) Own Rent Living w/Family Other
Place of Employment: _____ (circle one) Full-time Part-time
Do you have medical/dental insurance? (circle one) YES NO
Are you enrolled in Mille Lacs Band? (circle one) YES NO Will you need childcare? (circle one) YES NO

Alternative Contact Person/Emergency Contact:

Name: _____ Relationship to Child: _____

Address: _____ City: _____ State/Zip: _____

Primary Phone: _____

Please check if you receive any of the following:

Food Stamps (SNAP) WIC Relative Care Foster Care MFIP/TANF SSI Benefits
 Adoption Subsidy/Northstar Assistance

*Note: You may be asked to provide proof of any assistant programs you are receiving.

Please provide the following information for your COMBINED household income: (unless this is a FOSTER child)

Salary or Wages \$ _____/year

Self Employment/Farm Income \$ _____/year

Per Capita Payments \$ _____/year

Unemployment Compensation \$ _____/year

Veteran's Benefits \$ _____/year

*Note: You will be required to provide proof of all household income when enrolling.

TOTAL NUMBER IN HOUSEHOLD: _____

Do you have an interest in volunteering at the school? (circle one) YES NO

Do you have any additional information you'd like to provide to us? _____

Please note: All applications are based on a point system, not the date of the application. A space in the MLEE program is not guaranteed.

Parent/Guardian Signature: _____

Date: _____

Office Use Only:

Date Received: _____

Received by: _____

Date Entered: _____

Number of Points: _____