

**EARLY CHILDHOOD EDUCATION FORM**

School Year: 20\_\_\_\_ - 20\_\_\_\_

Today's Date: \_\_\_\_\_

**Child 1**

Name: (Last) \_\_\_\_\_

(First, Middle) \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Copy of birth certificate: \_\_\_\_\_

Gender (circle one): F M

Does your child have any special health/learning conditions or concerns? ( )No ( )Yes

If Yes, please describe: \_\_\_\_\_

Child is in group child care: ( )No ( )Yes Hours per week: \_\_\_\_\_

Child is in preschool/Headstart: ( )No ( )Yes

Child custody is shared with another home: ( )No ( )Yes

Child's immunizations are up to date: ( )No ( )Yes Copy included: ( )No ( )Yes

**Child 2**

Name: (Last) \_\_\_\_\_

(First, Middle) \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Copy of birth certificate: \_\_\_\_\_

Gender (circle one): F M

Does your child have any special health/learning conditions or concerns? ( )No ( )Yes

If Yes, please describe: \_\_\_\_\_

Child is in group child care: ( )No ( )Yes Hours per week: \_\_\_\_\_

Child is in preschool/Headstart: ( )No ( )Yes

Child custody is shared with another home: ( )No ( )Yes

Child's immunizations are up to date: ( )No ( )Yes Copy included: ( )No ( )Yes

**Child 3**

Name: (Last) \_\_\_\_\_

(First, Middle) \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Copy of birth certificate: \_\_\_\_\_

Gender (circle one): F M

Does your child have any special health/learning conditions or concerns? ( )No ( )Yes

If Yes, please describe: \_\_\_\_\_

Child is in group child care: ( )No ( )Yes Hours per week: \_\_\_\_\_

Child is in preschool/Headstart: ( )No ( )Yes

Child custody is shared with another home: ( )No ( )Yes

Child's immunizations are up to date: ( )No ( )Yes Copy included: ( )No ( )Yes

**Child/children's Address:** \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**OVER**

**\*\*REGISTERING ADULT**

Name: (Last) \_\_\_\_\_  
(First, Middle Initial) \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Relationship to child:     \_\_\_ father                   \_\_\_ mother                   \_\_\_ guardian  
                                  \_\_\_ step-parent           \_\_\_ foster-parent         \_\_\_ other relative

Communication: Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_     Texting? ( )N ( )Y

Email \_\_\_\_\_

Education Background:

- |                                       |                                |
|---------------------------------------|--------------------------------|
| ___ up to 8th grade (none beyond)     | ___ Some college, no degree    |
| ___ 12th grade, no diploma/graduation | ___ Associate degree (2 year)  |
| ___ High School Diploma               | ___ Bachelor's degree (4 year) |
| ___ GED (high school equiv.)          | ___ Master's degree            |
|                                       | ___ Doctoral degree            |

Employment Status: \_\_\_ Full-time Homemaker or Unemployed, not seeking employment  
                          \_\_\_ Unemployed, seeking employment  
                          \_\_\_ Employed less than 25 hours per week  
                          \_\_\_ Employed more than 25 hours per week

**OTHER PARENT (in the home):**

Name: (Last) \_\_\_\_\_  
(First, Middle Initial) \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Relationship to child:     \_\_\_ father                   \_\_\_ mother                   \_\_\_ guardian  
                                  \_\_\_ step-parent           \_\_\_ foster-parent         \_\_\_ other relative

Education Background:

- |                                       |                                |
|---------------------------------------|--------------------------------|
| ___ up to 8th grade (none beyond)     | ___ Some college, no degree    |
| ___ 12th grade, no diploma/graduation | ___ Associate degree (2 year)  |
| ___ High School Diploma               | ___ Bachelor's degree (4 year) |
| ___ GED (high school equiv.)          | ___ Master's degree            |
|                                       | ___ Doctoral degree            |

Employment Status: \_\_\_ Full-time Homemaker or Unemployed, not seeking employment  
                          \_\_\_ Unemployed, seeking employment  
                          \_\_\_ Employed less than 25 hours per week  
                          \_\_\_ Employed more than 25 hours per week

**\*\*Household Income:** \$ \_\_\_\_\_ ( )Yearly ( )Monthly ( )Weekly

**\*\*REQUIRED: Number of people in household:** \_\_\_\_\_

**How did you find out about the program?** ( ) newspaper ( ) friend/neighbor ( ) health professional  
( ) newsletter/brochure ( ) radio ( ) Facebook ( ) other \_\_\_\_\_

**Mountain Lake Public Schools: Early Childhood Family Education**

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Mt. Lake MN 56159

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