



# Zaagi-idiwin Aboriginal Head Start Program

308 Butler Avenue, Fort Frances, Ontario P9A 2N9  
 Phone (807) 274-724 Fax (807)274-8500 Email: [zahs@vianet.ca](mailto:zahs@vianet.ca)

## Child and Family Registration Application Form

### CHILD'S INFORMATION

#### ABORIGINAL BACKGROUND

Name on Child's Birth Certificate:					
Other Names Used:					
Date of Birth:	D ___ M ___ Y ___	Age	___ yrs.	Gender	M ___ F ___
Aboriginal Ancestry: Yes ___ No ___ *this section must be completed*		Band Name & Number:			
Aboriginal Language:					
Knowledge of culture / traditions:					
Is the Culture practiced within the home?				Yes ___ No ___	
Do you and your family have access to an Elder for guidance?				Yes ___ No ___	

#### FAMILY INFORMATION

Family Type (sole parent, two parent, foster parent etc.):		
Name of Primary Caregiver-please list name of both parents if living in same residence:		
Mailing Address:		
Street Address:	City/Town: <table border="1" style="width: 100%;"> <tr> <td>Do you live: On Reserve ___ Off Reserve ___</td> </tr> </table>	Do you live: On Reserve ___ Off Reserve ___
Do you live: On Reserve ___ Off Reserve ___		
Postal Code:	Phone Number: Work Number (If Applicable): Cell Number (If Applicable):	

#### INCOME (Please check the line that applies to you and your family.)

Family Annual Income (Yearly Income; of both mom & dad) :	<b>Under</b> 10,000.00 ___	10-20,000.00 ___	20-30,000.00 ___
	30-40,000.00 ___	40-50,000.00 ___	50-60,000.00 ___
	60-70,000.00 ___	70-80,000.00 ___	<b>Over</b> 80,000.00 ___
Source of Income (i.e.: Social Assistance, EI, Job) :			

Employer (If Applicable) :	
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**EDUCATION**

Highest Grade Completed (High School) :	
Post Secondary (Diploma/Degree) :	
Other Education/Training (i.e. certificates):	

**CHILDREN IN FAMILY**

Name:	1.	2.	3.	4.
Relationship to Child/ Applicant:				
Living in Same Household:	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____
Age:				
If siblings are not living in the home, please explain.				

**AGENCY INVOLVEMENT**

Name of Agency:	
Address:	
Contact Person:	
Phone Number:	
Primary Guardian: ( Worker's Signature Needed )	
Reason for Agency Involvement:	

**DEVELOPMENT**

Does your child have any behavioral problems or emotional conditions that the Zaagi-idiwin AHS Staff should be aware of? (If so, please explain.)
Traumatic Experiences: (death, divorce, abuse etc.)
Is your child toilet trained?
Does your child need help when using the bathroom?
Does your child need reminding to use the bathroom?

**GROUP SETTINGS**

Has your child been in a group situation before?
If yes, where, and for what length of time?

**OTHER**

Please list any other information that you feel we should be aware of in regards to your child, yourself or your family situation: <b>All information will be kept strictly confidential!</b>
_____
_____
_____
_____
_____
_____
_____
_____

**MEDICAL INFORMATION**

Family Doctor:		
Address:		Phone Number:
Pediatrician:		
Address:		Phone Number:
Immunizations Up-To-Date? Yes ___ No ___	Has your child had a hearing test? Yes ___ No ___	Has your child had a vision test? Yes ___ No ___
Has child had normal childhood disease? (i.e. chicken pox, measles.) If yes, details		
Has your child ever been to a dentist?		
Name of Dentist:		
Address		Phone Number:
Does you child have any medical, developmental or physical conditions that the Zaagi-idiwin AHS Program should be aware of? (If yes, please explain):		

Please list any serious injuries or illnesses your child has had in the past?
Does your child have any allergies? (If yes, please list)
Is your child on medication? ( If yes, please explain)

**PARENT INVOLVEMENT SECTION**

History of Volunteer Work:
How many hours per week are you available to volunteer?
What day or days can you participate at the Zaagi-idiwin AHS Site:
What day or days could you do volunteer work from your home (i.e. preparing classroom materials)?
Would you be interested in Training? If so what type of training?
Would you like to submit your resume, criminal reference check, immunization record for on call coverage within the program; please tick one or more of the following:  <input type="checkbox"/> Cook <input type="checkbox"/> Classroom <input type="checkbox"/> Driver/Maintenance

**CONFIDENTIALITY**

All forms and information on your child and your family are considered <b>confidential</b> and are seen only by the appropriate Zaagi-idiwin AHS Staff. All records are kept in individual client files; that are safely placed in a secure, locked filing cabinet	
Parent's/Guardian's Name ( Please Print):	Date:
Parent's/Guardian's Signature:	
Zaagi-idiwin Family Support Coordinator Signature:	Date:

Zaagi-idiwin Program Coordinator:	Date:

**START DATE, HOME-VISIT, CONSENT & WITHDRAWL SECTION**

Date Registration was Received:	
Registration Received By:	
Date of scheduled Home-Visit & Consent Signing:	
School days/ group of preference: (Please tick the line that you prefer.)	Group A: Monday/Wednesday _____ Group B: Tuesday/Thursday _____
Enrolment Scheduled first day of school:	
Date student completed program:	
Reason for withdrawal: <ul style="list-style-type: none"> <li><input type="radio"/> Graduated program</li> <li><input type="radio"/> Moved</li> <li><input type="radio"/> Access problems (lack of transportation, distance, hours of operation)</li> <li><input type="radio"/> Parents working (childcare issues)</li> <li><input type="radio"/> Health issues for child or family</li> <li><input type="radio"/> Didn't like program</li> <li><input type="radio"/> Child not emotionally ready for program</li> <li><input type="radio"/> Other (please specify):</li> </ul>	

Zaagi-idiwin Family Support Coordinator Signature:	Date:
Zaagi-idiwin Program Coordinator's Signature:	Date:

**Miigwech**, for taking the time to complete **Zaagi-idiwin AHS Program Registration Form**, please look over the form and ensure all areas are completed prior to handing in your registration. If you have any questions or concerns, do not hesitate to call 274-7244.