



# Zaagi-idiwin Aboriginal Head Start Program

308 Butler Avenue, Fort Frances, Ontario P9A 2N9  
 Phone (807) 274-7244 Fax (807) 274-8500

## Child and Family Registration Application Form

### CHILD'S INFORMATION

Name on Child's Birth Certificate:					
Other Names Used:					
Date of Birth:	D ___ M ___ Y ___	Age	_____ yrs.	Gender	M _____ F _____
Health Card Number: <b>(optional)</b>					
Aboriginal Ancestry: Yes ___ No ___ *this section must be completed*		Band Name & Number:			

### ABORIGINAL BACKGROUND

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:	
Mailing Address:	
Street Address:	City/Town:
Postal Code:	Phone Number: Work Number (If Applicable): Cell Number (If Applicable):

**PERSON(S) AUTHORIZED TO PICK-UP CHILD** (Must be a minimum of 16 yrs. of age)

Name	Phone Number	Relationship to Child
1)		
2)		
3)		

**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) :			

**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**

<b><u>How does your child show feeling's of:</u></b>	
Anger?	
Frustration?	
Fear?	
Happiness?	
Excitement?	
Please list some activities that your child likes to be involved in.	
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.)	
Discipline used at home?	
Is your child toilet trained?	
Does your child need help when using the bathroom?	
Does your child need reminding to use the bathroom?	

Word your child uses for bowel movement?
Word your child uses for urination?
If a boy; does he stand or sit to urinate?
Family Pets: (Please list and describe)

**RELATIONSHIP TO OTHER'S**

Has your child been in a group situation before?
If yes, where, and for what length of time?
Does your child prefer to play alone or with other children?
Does your child prefer to be in the company of adults?
Are most of his/her playmates older, younger, or near his/her age?

**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)
Does your child feed him/herself?
Please list any food your child favors:
Please list any foods your child dislikes:

**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
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>  <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

**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:

**STUDENT START DATE, HOME-VISIT, & CONSENT 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:	
Completion Date of withdrawal:	

**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.

