



ZAAGI-IDIWIN ABORIGINAL HEAD START APPLICATION

308 Butler Avenue, Fort Frances, ON P9A 2N9

Email: cmcmahon@unfc.org Telephone: 807-274-7244 Fax: 807-274-8500

CHILD INFORMATION

Child's Name:					
Aboriginal Ancestry: Status Non-status Metis Inuit Non-Aboriginal					
Date of Birth:		Age:		Gender:	
Day: _____ Month _____ Year _____		_____ years old		Male: _____ Female: _____	
Does your child have special needs or do you suspect your child to have special needs?					
No _____ YES _____ If yes, please briefly explain:					
Does your child have any allergies (please list)			Toilet ready? Yes _____ No _____ If no, when do you expect your child ready to be?		

PARENT/LEGAL GUARDIAN INFORMATION

Name of Primary Caregiver(s):		Relationship to child:		Employment Status: See Below	
Employment Status: F=Full Time U=Unemployed P=Part Time S=Seasonal B=Training/School					
Home Address:		City:		Province:	Postal Code:
Home Phone:		Cell Phone:		Work Phone:	
Email Address:					
Aboriginal Ancestry: Status Non-status Metis Inuit Non-Aboriginal					
Number of People in Household:		Children:		Adults:	

Family Structure: <ul style="list-style-type: none"> <input type="radio"/> Single Parent <input type="radio"/> Two Parents (Married/Common Law) <input type="radio"/> Two Parents (Parent/Step Parent) <input type="radio"/> Adoptive Parents <input type="radio"/> Foster Parents (Please complete below) <input type="radio"/> Other 	Household Income <ul style="list-style-type: none"> <input type="radio"/> No Income <input type="radio"/> Less than \$20, 000 <input type="radio"/> \$20, 000 to \$40, 000 <input type="radio"/> More than \$40, 000
Foster Parents Please Complete: Name of Agency: _____ Phone Number: _____ Name of Worker: _____ Phone Number: _____	
Would your child be requiring transportation? <input type="radio"/> Yes <input type="radio"/> No	
How did you hear about our Program? <input type="radio"/> Referral <input type="radio"/> Family <input type="radio"/> Friend <input type="radio"/> Website <input type="radio"/> Other(please specify)	
<p>**Please initial each statement below:</p> <p>_____ I understand that this is the first step in the application process and does not guarantee my acceptance.</p> <p>_____ I understand that if my child is accepted into the program I will be contacted by the Zaagi-idiwin Aboriginal Head Start Coordinator to set up a registration visit to complete additional application/registration papers.</p> <p>_____ I understand that in order for my child to be accepted into the program they will need an UP TO DATE IMMUNIZATION RECORD in which I am responsible for providing.</p> <p>I certify that this information is accurate and true and that incorrect information may disqualify my family from the program. The information provided on this application is for recruitment purposes only. I understand that this information is confidential, and that I will be notified if my child is selected to attend the ZAHS Program.</p> <p>Parent's/Guardian's Name (please print): _____</p> <p>Signature: _____ Date: _____ (dd/mn/yr)</p>	
Date Registration was Received: _____	
Registration Received By: _____	
ZAHS Coordinator's Signature: _____	