



## ZAAGI-IDIWIN ABORIGINAL HEAD START APPLICATION

821 McIrvine Road, Fort Frances, ON P9A 3X7

Email: [cmcmahon@unfc.org](mailto:cmcmahon@unfc.org) Telephone: 807-274-7244 Fax: 807-274-8500

### CHILD INFORMATION

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

### PARENT/LEGAL GUARDIAN INFORMATION

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

<b>Family Structure:</b> <ul style="list-style-type: none"> <li><input type="radio"/> Single Parent</li> <li><input type="radio"/> Two Parents (Married/Common Law)</li> <li><input type="radio"/> Two Parents (Parent/Step Parent)</li> <li><input type="radio"/> Adoptive Parents</li> <li><input type="radio"/> Foster Parents (Please complete below)</li> <li><input type="radio"/> Other</li> </ul>	<b>Household Income</b> <ul style="list-style-type: none"> <li><input type="radio"/> No Income</li> <li><input type="radio"/> Less than \$20, 000</li> <li><input type="radio"/> \$20, 000 to \$40, 000</li> <li><input type="radio"/> More than \$40, 000</li> </ul>
<b>Foster Parents Please Complete:</b> Name of Agency: _____ Phone Number: _____ Name of Worker: _____ Phone Number: _____	
<b>Would your child be requiring transportation?</b> <input type="radio"/> <b>Yes</b> <input type="radio"/> <b>No</b>	
<b>How did you hear about our Program?</b> <input type="radio"/> <b>Referral</b> <input type="radio"/> <b>Family</b> <input type="radio"/> <b>Friend</b> <input type="radio"/> <b>Website</b> <input type="radio"/> <b>Other(please specify)</b>	
<p><b>**Please initial each statement below:</b></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 I will need to provide an IMMUNIZATION RECORD and all immunizations must be up to date.</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><b>Parent's/Guardian's Name (please print):</b> _____</p> <p><b>Signature:</b> _____                      <b>Date:</b> _____  <span style="margin-left: 500px;">(dd/mm/yy)</span></p>	
<b>Date Registration was Received:</b> _____	
<b>Registration Received By:</b> _____	
<b>ZAHS Coordinator's Signature:</b> _____	