



ZAAGI-IDIWIN ABORIGINAL HEAD START APPLICATION

821 McIrvine Road, Fort Frances, ON P9A 3X7

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

CHILD INFORMATION

Child's Name:		
Indigenous Ancestry: <input type="checkbox"/> Status <input type="checkbox"/> Non-Status Indigenous <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Non-Indigenous		
Date of Birth: Day: _____ Month _____ Year _____	Age: at the time of completing application _____ years old	Gender: 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:			
Parents Indigenous Ancestry: <input type="checkbox"/> Status <input type="checkbox"/> Non-Status Indigenous <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Non-Indigenous			

Number of People in Household:	Children:	Adults:
Family Structure: <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parents (Married/Common Law) <input type="checkbox"/> Two Parents (Parent/Step Parent) <input type="checkbox"/> Adoptive Parents <input type="checkbox"/> Foster Parents (Please complete below) <input type="checkbox"/> Other		Household Income <input type="checkbox"/> No Income <input type="checkbox"/> Less than \$20, 000 <input type="checkbox"/> \$20, 000 to \$40, 000 <input type="checkbox"/> \$40, 000 to \$60,00 <input type="checkbox"/> Over \$60,000
Foster Parents Please Complete: Name of Agency: _____ Phone Number: _____ Name of Worker: _____ Phone Number: _____		
How did you hear about our Program? <input type="checkbox"/> Referral <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Website <input type="checkbox"/> Other(please specify)		
**Please initial each statement below: <input type="checkbox"/> I understand that this is the first step in the application process and does not guarantee my acceptance. <input type="checkbox"/> 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. <input type="checkbox"/> 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. 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. Parent's/Guardian's Name (please print): _____ Signature: _____ Date: _____ (dd/mn/yr)		
Date Registration was Received: _____		
Registration Received By: _____		
ZAHS Coordinator's Signature: _____		