



# Zaagi-idiwin Aboriginal Head Start Program

308 Butler Avenue, Fort Frances, Ontario P9A 2N9  
 Phone (807) 274-7244 Fax (807)274-8500 Email: [zahs@vianet.ca](mailto:zahs@vianet.ca)

## 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 ___
Status	Non-status	Metis	Band Name & Number:		
Non-Aboriginal *Please circle one					
*this section must be completed*					

### 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-please list name of both parents if living in same residence:	
Mailing Address:	
Street Address:	City/Town:
	Do you live: On Reserve ___ Off Reserve ___
Postal Code:	Home Phone: 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) :			

**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: **All information will be kept strictly confidential!**

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## 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 you child have any allergies? (If yes, please list)		
Is your child on medication? ( If yes, please explain)		

**PARENT INVOLVEMENT SECTION**

One of the six components of Aboriginal Head Start is parental involvement. Upon enrolling my child at the Zaagi-idiwin Aboriginal Head Start, I the parent/guardian understand that it is my responsibility to be actively involved within the Aboriginal Head Start Program throughout the school year.

Do you have any knowledge of Cultural Teachings, crafting, story telling, regalia making, etc., that you would be willing to share with the children or other parents within our program. If so, please explain.

Do you have any family members, Cultural contacts or Elders that would be willing to participate within the program?

Would you be interested in workshops?  
If so what type of workshops?

**Would you like to receive calendars, newsletters, etc. by email? If so, please put down your email address: \_\_\_\_\_**

**CONFIDENTIALITY**

All forms and information on your child and your family are considered **confidential** 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  
Upon enrolling my child in the Zaagi-idiwin Aboriginal Head Start Program and completing all registration requirements, I am agreeing to follow the guidelines and principles set out by the Public Health Agency of Canada for Aboriginal Head Start Programs.

Parent's/Guardian's Name ( Please Print):	Date:
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Parent's/Guardian's Signature:
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Zaagi-idiwin Program Coordinator:	Date:
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**START DATE, HOME-VISIT, CONSENT & WITHDRAWAL SECTION**

Date Registration was Received:	
Registration Received By:	
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 Program Coordinator's Signature:	Date:
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**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.