



**ABORIGINAL HEAD START
YELLOWKNIVES DENE FIRST NATION
APPLICATION FORM
2016-2017**



4-year old Program

This registration form is a legal document. It must be accurate and complete. All information will be treated confidentially. Registration Forms not complete until copy of Health Card, Birth Certificate, Treaty Card and Immunization Form is attached.

CHILD'S NAME:

Last _____ First _____

M/ ____ F/ ____ Birth Date (DD/MM/YY) _____

Parent/Guardian Name _____ Home Phone # _____

Cell Number: _____

Home Address: _____

Mailing Address: _____

Work Phone #'s (PARENT): _____

Bus Pick Up Address: _____

Bus Drop Off: _____

ABORIGINAL STATUS:

Please state which First Nation, Metis Local, etc.

First Nation: _____ Metis Local: _____

Inuit: _____ Other (Explain): _____

EMERGENCY CONTACT:

Family Doctor's Name: _____ Phone #: _____

NWT Health Care #: _____

**In case of an Emergency, who may we contact that would know where you can be contacted:
(Must include emergency contact numbers, cannot be mother or father)**

1. Name _____ 2. _____
Relationship to child _____
Phone # _____

Is your child currently registered in any other type of preschool program or any other specialize program in Yellowknife? Yes ___ No ___

- Four Plus Program
- NWT Council of Persons with Disabilities
- Speech
- Occupational Therapy

HOUSEHOLD MEMBERS:

Please list all adults and children living in the home:

Name of adults

Relationship to Child

Name of Children

Age

CERTIFICATION

I verify that this information is true. If any part of this form is false, I understand that my child's participation in the Aboriginal Head Start Program may be terminated and I may be subject to legal action. I understand that the information in this application will be held in the strictest of confidence within this program and will be accessible to me during normal program hours.

Signature: _____ Date: _____

Staff Signature: _____ Date: _____