



## Yellowknives Dene First Nation Aboriginal Head Start Registration Form



Registration Form must be fully completed. Mahsi cho for your interest in the Aboriginal Head Start Program.

<b>Program Applying for:</b>		<b>Please attach photocopies each of the following</b>			
<input type="checkbox"/> 3-Year-Old <input type="checkbox"/> 4-Year-Old		<input type="checkbox"/> Child's Birth Certificate <input type="checkbox"/> Child's NWT Health Care Card <input type="checkbox"/> Parent(s)/Guardian(s) ID			
<b>Child's Information:</b>					
Last Name:		First Name:		Middle Name(s):	
Home Street Address:			Mailing Address:		
Home Phone #:		School Bus Pick-Up Child at:		School Bus Drop-Off Child at:	
		<input type="checkbox"/> Home <input type="checkbox"/> Other:		<input type="checkbox"/> Home <input type="checkbox"/> Other:	
Birthdate (M/D/Y):	Age:	Gender:		Aboriginal Status:	
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
<b>Medical Information:</b>					
NWT Healthcare Card #:		Child Immunization up to date:		Family Doctor Name:	Clinic Phone #:
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is Child receiving any of the following services:					
<input type="checkbox"/> Speech Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Child Development <input type="checkbox"/> Other, specify:					
Does your Child have any other medical conditions or special needs we should be aware of? If yes, please provide information:					
<b>Parent/Guardian Information:</b>					
Child lives with: (please check one)					
<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian/Foster Home <input type="checkbox"/> Other, please explain:					
<b>Parent/Guardian/Primary Contact 1:</b>					
Full Name:			E-mail Address:		
Direct Contact Phone #:		Employer:		Work Phone #:	
<b>Parent/Guardian/Secondary Contact 2:</b>					
Full Name:			E-mail Address:		
Direct Contact Phone #:		Employer:		Work Phone #:	
<b>Emergency Contact/Pick Up Child: Must be adults other than the Parents/Guardians</b>					
Full Name:		Relationship to Child:	Age:	Gender:	Direct Contact Phone #:
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	

**Continued AHS Registration Form for Child:**

Last Name:	First Name:	Middle Name(s):
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**Household Members: Please list all other adults and children living in the home, other than Parents/Guardians.**

Full Name:	Relationship to Child:	Age:	Gender:	Direct Contact Phone #:
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	

**AHS Program Information:**

Why do you think your child would benefit from attending the Aboriginal Head Start Program?

**Income:**

Yearly family income:

No Income     
  Under \$20,000     
  \$20,000-\$40,000     
  \$40,000-\$60,000     
  Over \$60,000

**Additional Information/Notes:**

Please feel free to provide any other additional information or notes:

**Declaration By Parent/Legal Guardian:**

I hereby declare and verify the foregoing information to be true, correct, and complete. I understand if any information is false, my Child's participation in the YKDFN Aboriginal Head Start Program will be terminated then subject to legal action and all information provided will be held strictly confidential and accessible to me during normal program hours.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY AHS PERSONNEL ONLY**

Photocopies/Attachments Received: <input type="checkbox"/> Child's Birth Certificate <input type="checkbox"/> Child's NWT Health Care Card <input type="checkbox"/> Parent(s)/Guardian(s) ID <input type="checkbox"/> Other, specify:	Date Received:
	Received by AHS Personnel:
Registration Notes:	Date Processed:
	Registration Processed By: