

**CHILD'S ELIGIBILITY PRESCHOOL APPLICATION**

*CHILD'S INFORMATION*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Date of birth \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_ YR Age \_\_\_\_\_

Child's Aboriginal Ancestry Status \_\_\_\_\_ Non Status \_\_\_\_\_ Métis \_\_\_\_\_ Inuit \_\_\_\_\_

Band: \_\_\_\_\_ Band Number: \_\_\_\_\_

Language Preference: Mohawk \_\_\_\_\_ Cayuga \_\_\_\_\_ Ojibwe \_\_\_\_\_

Does your child have special needs? (i.e. physical disability, allergies, medications, etc)

Yes \_\_\_ No \_\_\_ If yes please provide details \_\_\_\_\_

*PARENTS/GUARDIAN INFORMATION*

Parent's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Agency Referral? Yes \_\_\_ No \_\_\_ (If yes please complete the following: )

Agency Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Ext \_\_\_\_\_

Contact Person \_\_\_\_\_

Are you or a family member willing to volunteer 6 hours/month? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child require transportation? Yes \_\_\_ No \_\_\_

Family income range: Under \$20,000 \_\_\_\_\_ \$20,000 to 30,000 \_\_\_\_\_ Over \$30,000 \_\_\_\_\_

Please explain why you feel your child may benefit from attending Niwasa Head Start Preschool Programs:

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I understand that the above information is confidential and is for recruitment purposes only. It will be shared with the Niwasa Selection Committee and I will be notified by telephone if my child is accepted into the Niwasa Head Start Program. If my child is selected this information will be verified at a subsequent interview. I understand that if any part of this information is false, my child's admittance into the Niwasa Head Start Preschool may be jeopardized.

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

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



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Email [niwasaheadstart@on.aibn.com](mailto:niwasaheadstart@on.aibn.com)

## CHILD'S ELIGIBILITY APPLICATION

Thank you for your interest in the Niwasa Head Start Preschool Program for Aboriginal Children ages 2 ½ to 5 year olds. The program focuses in the preschool children and their families and includes parent involvement; culture and language; education; health promotion; nutrition; social support programs; Aboriginal stay in school initiatives and Aboriginal resource program. We offer a morning program from 8:30am to 11:30 am and an afternoon program from 1:00pm to 4:00pm. All programs are from Monday to Friday. We run on a regular school calendar. Children do not attend during July and August or regular statutory holidays.

We strive to accommodate all children and families however we are licensed to have 50 children between our morning and afternoon programs. If we have children on our waiting list we follow a selection criterion for acceptance into the program. On the reverse you will find the CHILD'S ELIGIBILITY PRESCHOOL APPLICATION. Please complete and return to the address above. The Family Support Coordinator will review your application and notify you if your child has been accepted into the program. If your child has been accepted you will need to meet with the Family Support Coordinator to complete a Child and Family Registration Form. Policies and procedures, volunteer requirements, transportation arrangements and other planned events are discussed at this meeting. Parents are required to attend our Annual General Meeting which occurs before school starts. There are also mandatory quarterly parent meetings which parents must attend. Any applicant on the waiting list will be contacted as soon as a space becomes available for their child. If transportation is required and accepted there is a \$100 per year fee that is due upon registration. Transportation will not be available until this payment is made in full.

We look forward to meeting your family and you become part of the Niwasa family. If you have any questions please feel free to call us.

Thank You

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From All Of Us At Niwasa Head Start Preschool