

**Please read the following:**

- 1. Application is complete and signed.**
- 2. Immunization form is submitted with the application.**
- 3. Child must be fully toilet trained to attend the program.**
- 4. Child must be 3 years old at the start of the program.**
- 5. Must attend the Parent Orientation which you will be notified about.**



# Children For The Future

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# Head Start

1413 Main Street—Box 1448—Swan River, MB—R0L 1Z0

Phone: 204-734-3257 - Email: headstart@ecfc.ca

### Child's Information

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

Preferred Name: \_\_\_\_\_ Boy / Girl / Other (circle one)

Birthdate: (D)\_\_\_\_/(M)\_\_\_\_/(Y)\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ Box No. \_\_\_\_\_

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

MB Health # (6 digit) \_\_\_\_\_ PHIN # ( 9 digit) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies (please specify) \_\_\_\_\_

Medical Conditions (please specify) \_\_\_\_\_

Is your child (circle one):            Metis    First Nation    Inuit    Non-Status

### Parent/Guardian Information

Parent #1: \_\_\_\_\_ Parent # 2: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Any custody issues: Yes / No Please explain: \_\_\_\_\_

Is child in care of Child & Family Services? Yes / No Agency: \_\_\_\_\_

Worker: \_\_\_\_\_ Phone #: \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Physical Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Authorized Pickup

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

**Tell Us About Your Child:**

**Names of siblings and ages:**

\_\_\_\_\_ age \_\_\_\_\_      \_\_\_\_\_ age \_\_\_\_\_  
\_\_\_\_\_ age \_\_\_\_\_      \_\_\_\_\_ age \_\_\_\_\_  
\_\_\_\_\_ age \_\_\_\_\_      \_\_\_\_\_ age \_\_\_\_\_

**What types of food does your child like to eat?:** \_\_\_\_\_  
\_\_\_\_\_

**What types of food does your child dislike?:** \_\_\_\_\_  
\_\_\_\_\_

**What toys/activities does your child enjoy?** \_\_\_\_\_  
\_\_\_\_\_

**Are there any fears that your child has?** \_\_\_\_\_  
\_\_\_\_\_

**What behaviour does your child exhibit when upset/mad?** \_\_\_\_\_  
\_\_\_\_\_

**Is your child potty trained?** \_\_\_\_\_  
\_\_\_\_\_

**Please read each statement carefully and sign your name.**

- ❖ I hereby give consent for my child to accompany Head Start employees on regular field trips and outings.
- ❖ In event of an emergency, when I cannot be reached, I give permission for my child to receive medical procedures deemed necessary by my physician selected to the Head Start employees.
- ❖ I hereby give permission for my child to be photographed or video taped for the purpose of publicity for the centre, recordings of outings, birthdays or special occasions. I understand they may be identified by name in these publications.
- ❖ I have read and understand the policies of the Head Start Program and I understand that I am required to participate in all aspects of the Program.
- ❖ All children need to be fully immunized to attend Head Start and proof of immunization is mandatory and can be accessed through Public Health.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_