



# Shkoday Abinojiiwak Obimiwedoon Thunder Bay Aboriginal Head Start PRE-REGISTRATION FORM

Print and fill out the form. Mail to 1610 John Street Road, Thunder Bay, ON P7G 1J9, or fax to 807-768-9509 or email to admin@shkoday.com. Form can also be dropped off or filled out over the phone.

**Name of Child** \_\_\_\_\_ **Gender** M/F **D.O.B.** \_\_\_\_\_

Is your child of Aboriginal ancestry? Yes\_\_\_ No\_\_\_ FN Status \_\_\_ FN Non-Status \_\_\_ Inuit\_\_\_ Metis\_\_\_

Is your child toilet ready? Yes\_\_\_ No\_\_\_ If no, when do you expect your child to be ready? \_\_\_\_\_

## **Name of Parent/Caregiver**

Parent/Caregiver \_\_\_\_\_  
(Mother) (Father) (Caregiver) (Grandmother) (Grandfather) (Other) \_\_\_\_\_

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

Contact Information: H: \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_

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

Parent/Caregiver \_\_\_\_\_  
(Mother) (Father) (Caregiver) (Grandmother) (Grandfather) (Other) \_\_\_\_\_

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

Contact Information: H: \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_

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

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

## **Please initial each statement below:**

- \_\_\_ I understand that this is the first step in the application process and does not guarantee my acceptance.  
\_\_\_ I understand that if my child is accepted into the program I will be contacted by TBAHS to complete a home visit and additional application papers.  
\_\_\_ I understand that in order for my child to be considered for acceptance, my child will need up-to-date immunizations.

I certify that this information true and that incorrect information may disqualify my family from the Program. The information provided on this application is for recruitment purposes only. I understand that this information is confidential and that I will be notified if my child is selected to attend TBAHS programs.

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Date**

**Are you currently attending school or working?** \_\_\_\_\_

Ask if they are interested in DSSAB and refer to applying online at [thunderbaychildcare.ca](http://thunderbaychildcare.ca)

Date Pre-Registration Received: \_\_\_\_\_ Pre-Registration Received by: \_\_\_\_\_