



**Administration**  
 #600-700 Industrial Ave Ottawa, ON K1G 0Y9 (613)-724-5844  
 info@makonsag.ca  
**Aboriginal Head Start Program**  
 557 Queen Mary Street (Andrew Fleck Child Care – Overbrook)  
 www.Makonsag.ca

Child Information			
Child's Name:			
Child's Aboriginal Ancestry:			
Date of Birth (M/D/Y)	Age	Gender (Optional)	Child's primary/secondary language
Parent/Care Giver Information			
Name	Date of Birth (M/D/Y)	Relationship to Child	Employment Status (see below)
Employment Status: F = Full Time U = Unemployed P = Part Time S = Seasonal T = Training School B = Training/School & Working			
Home Address:		City:	Province:
			Postal Code:
Home Phone Number:		Cell Number	
Email:			
Do you use child care outside of your home?			
Yes      No      If yes, please complete the information below.			
What type of care is it?			
How did you hear about Head Start? (please circle one)			
<input type="checkbox"/> Agency Referral <input type="checkbox"/> Flyer <input type="checkbox"/> Friend <input type="checkbox"/> Walk by <input type="checkbox"/> Previous Head Start <input type="checkbox"/> Relative <input type="checkbox"/> Other:			

**Please Initial Each Statement and Sign Below**

- \_\_\_\_\_ I understand that this is the first step in the application process and does not guarantee my acceptance.
- \_\_\_\_\_ I understand that I will be contacted by Makonsag Aboriginal Head Start Staff to complete 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 is true and that incorrect information may disqualify my family from the Program. The information above is for recruitment purposes only and that this information is confidential and will be shared only with the Makonsag Aboriginal Head Start Staff and that I will be notified if my child is selected to attend the Makonsag Aboriginal Head Start program.

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

\_\_\_\_\_  
 Date