



Office Use only section:

Data Entry Completed

ABC Head Start Location: _____

Registration Event Date: _____

ABC HEAD START APPLICATION

ABC Head Start is a pre-kindergarten and family support program for families living on a low-income. Children must be 3 ½ years old at the beginning of the program year (September). Transportation is free within busing areas. The following questions let us know if your family can access Head Start services and which site is nearest you. If your family is not eligible for Head Start we can help you find other programs for you and your family.

Please bring this completed Application Form to the Registration Event being held in your area.

Ensure that you also have the required eligibility documents.

Eligibility Documents Required:

- Income verification (Notice of Assessment OR T4 OR letter of employment OR recent paystubs (60 days or 2 months) OR Income Supports Documents, OR Confirmation of Adult Student Status OR Self-employment documents)
- Child's Alberta Health Care card
- Child's Birth Certificate OR Passport
- Child's Citizenship papers (If your child is not a Canadian citizen you will also be required to show your citizenship papers at this.)

If you are **unable** to attend a Registration Event, you can:

1. Email: save a copy of your completed Application Form on your computer and send it as an attachment to registration@abcheadstart.org.
2. Fax your completed Application to: 780-469-0423
3. Mail your completed Application to: ABC Head Start
9829 – 103 Street,
Edmonton, AB T5K 0X9

*****Please note: Copies of Eligibility documents listed above are required to process your application*****

Please call us if you have any questions or need assistance filling out this form at
780-461-5353

REFERRALS* (This section to be completed ONLY by referring agency following parental consent)

Referring Agency: _____ Phone: _____ Fax: _____

INTERVIEWER: _____ INTERVIEW DATE: _____

***NOTE: If this application has been filled out on behalf of a family they MUST be aware of the referral**

Application Date: _____ School year (child will attend): _____

CHILD'S FIRST NAME: _____ LAST: _____ MIDDLE: _____

GENDER: MALE FEMALE

Child's Date of Birth:		<i>Must be born between March 2, 2013 and March 1, 2014.</i>
HOME ADDRESS		<i>We need to know your home address and the child care address so we can find the Head Start closest to you. Buses can pick-up and drop-off children at a daycare, day home or other regular caregiver within our busing areas.</i>
Postal Code		
Is your child attending Childcare? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Childcare Provider Name <i>(Daycare or Dayhome Provider)</i>		
Childcare Address:		
Childcare Phone Number:		
Number of people living in your household		
Annual Family Income <i>(total before tax income for ALL people living in the home):</i>		

PARENT INFORMATION				
	PARENT/GUARDIAN 1		PARENT/GUARDIAN 2	
	<i>(First)</i>	<i>(Last)</i>	<i>(First)</i>	<i>(Last)</i>
FIRST AND LAST NAME				
RELATIONSHIP TO CHILD:				
			<i>If the information below is the same as parent/guardian 1 you can leave this section blank</i>	
HOME ADDRESS				
CITY				
PROVINCE				
POSTAL CODE				
HOME PHONE				
CELL PHONE				
E-MAIL ADDRESS <i>(if we cannot contact by phone)</i>				
WORK/SCHOOL PHONE				
BEST TIME TO CALL				
COUNTRY OF ORIGIN				

Emergency/Alternate Contact for application (Name, Phone number) _____

What is the language your child speaks at home most often? _____

What is the primary language spoken by parents in the home? _____

Do you consent to receiving Commercial Electronic Messages from ABC Head Start?

Yes No

Is there anything else you would like us to know about your child?

(i.e. do you have any concerns regarding your child's development?)

How did you hear about ABC Head Start?

- Advertisement** *(Examiner, flyer, magazine, phone book, pamphlet, poster, radio, sign, TV etc.)*
- Agency** *(Public Health, Early Head Start, School, MCHB, Early Intervention, etc.)*
- Family that was previously in Head Start**
- Friend / Relative**
- Website / Social Media**
- Other**

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS APPLICATION

This Section for Office Use Only		
Child's Name and Date of Birth Confirmed by:	<input type="checkbox"/> Birth Certificate: _____ / _____ / _____ <small style="display: block; text-align: center;">Document Number Province Country</small> <input type="checkbox"/> Health Care: _____ / _____ / _____ <small style="display: block; text-align: center;">Document Number Province Country</small> Other: <input type="checkbox"/> Passport <input type="checkbox"/> Adoption Order <input type="checkbox"/> Certification of Indian Status <input type="checkbox"/> Other: _____ _____ / _____ / _____ <small style="display: block; text-align: center;">Document Number Province Country</small>	
Verification of Gross Household Income	<input type="checkbox"/> CRA Notice of Assessment for previous tax year <input type="checkbox"/> Paystubs (60 days/2 months) <input type="checkbox"/> Letter of Employment <input type="checkbox"/> Income Supports documents <input type="checkbox"/> Confirmation of Adult Student Status <input type="checkbox"/> Self-Employment Income documents <input type="checkbox"/> T4	Signature of Staff:
Notes: <i>(If upon verification, family income is different than the income first indicated – please indicate the actual family income here)</i>		Signature of Staff:
Vulnerability Factors: <i>(Please list vulnerability factors considered)</i>		Signature of Staff: