



ABC HEAD START REGISTRATION FORM

ABC Head Start is an early learning and family support program for families living on a low-income. Children must be 3 years 8 months at the beginning of the program year (September). Transportation **may** be available for your child within your community. 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.

Children with significant developmental delays **may** be eligible for Head Start and begin program if they are **2 years 8 months as of September 1st**. These spaces are limited and available only at our North Campus and Mill Woods Campus.

Please submit this completed Registration Form via e-mail to intake@abcheadstart.org or fax to (780) 469-0423.

Please include copies of the **required*** Eligibility Documents with your submission:

- Child's Alberta Health Care Card
- Child's Birth Certificate **or** Passport **or** Adoption Order
- Child's Citizenship Papers (If your child is not a Canadian citizen you will also be required to provide a copy of your citizenship papers and work or student visa)
- Copy of Guardianship orders (if applicable)

We also require proof of low income eligibility. **Any** of the following documents are acceptable:

- Child Health Benefit Card
- Leisure Access Pass
- Income Support Document
- Notice of Assessment **or** T4 **or** letter of employment **or** recent paystubs (60 days or 2 months) **or** Confirmation of Adult Student Status **or** Self-employment documents

***PLEASE NOTE: eligibility documents that require copies (as listed above) should be ⇒in colour and ⇒legible. These documents are required to process this registration.**

*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**

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

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

Is your child attending Childcare? <input type="checkbox"/> YES <input type="checkbox"/> NO		Number of people living in your household:
Childcare Provider Name (Daycare or Dayhome Provider)		
Childcare Address: (including postal code)		Annual Family Income (total before tax income for ALL income earners living in the home):
Childcare Phone Number:		

PARENT INFORMATION (if different from application)				
	PARENT/GUARDIAN 1		PARENT/GUARDIAN 2	
	(First)	(Last)	(First)	(Last)
FIRST AND LAST NAME				
RELATIONSHIP TO CHILD:				
AGE OF PARENT/GUARDIAN	<input type="checkbox"/> 0-17	<input type="checkbox"/> 18-64	<input type="checkbox"/> 0-17	<input type="checkbox"/> 18-64 <input type="checkbox"/> 65 or over
	If the information below is the same as parent/guardian 1 you can leave this section blank			
HOME ADDRESS				
CITY				
PROVINCE				
POSTAL CODE				
HOME PHONE				
CELL PHONE				
E-MAIL ADDRESS (if we cannot contact by phone)				
WORK/SCHOOL PHONE				
BEST TIME TO CALL				

Alternate Contact <i>We will contact this person if we're unable to contact you concerning this registration form. Please notify this person they are listed.</i>	
Name	Phone Number
Relation to child	Address

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

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

What is your country of origin? _____

Do you self-identify as Indigenous? Yes No

Is there anything else you would like us to know about your child’s learning and development?

DECLARATION BY PARENT OR LEGAL GUARDIAN

The information provided in this document is true, correct and complete. I have, in either Agency Application or ABC Head Start Registration Form, identified all parents and legal guardians for this child. The individuals identified in the “parent/legal guardian” section have the right to view child information and make educational decisions for this child, unless otherwise indicated here and supported with legal documentation.

Further, I recognize that it is my responsibility to notify ABC Head Start should the above information change.

Date: _____ Signature: _____

This Section for Office Use Only
FOLLOWING DOCUMENTS REQUIRE COPIES.

<p>Child’s Name and Date of Birth Confirmed by:</p>	<p><input type="checkbox"/> Birth Certificate: _____ / _____ / _____ <small>Document Number Province Country</small></p> <p><input type="checkbox"/> Health Care: _____ / _____ / _____ <small>Document Number Province Country</small></p> <p><input type="checkbox"/> Immigration Documents (if applicable)</p> <p>Other: <input type="checkbox"/> Passport <input type="checkbox"/> Guardianship Order <input type="checkbox"/> Other: _____ _____ / _____ / _____ <small>Document Number Province Country</small></p>	
<p>Verification of Low Income Eligibility (CHECK BOX OF DOCUMENT SHOWN)</p>	<p><input type="checkbox"/> Leisure Access Pass <input type="checkbox"/> Child Health Benefit Card <input type="checkbox"/> Income Support Document <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"/> Confirmation of Adult Student Status <input type="checkbox"/> Self-Employment Income documents <input type="checkbox"/> T4</p>	<p>Signature of Staff:</p>
<p>Notes: (If upon verification, family income is different than the income first indicated – please indicate the actual family income here)</p>		<p>Signature of Staff:</p>
<p>Vulnerability Factors: (Please list vulnerability factors considered)</p>		<p>Signature of Staff:</p>
<p>Verify address for transportation eligibility</p>		

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS REGISTRATION FORM