

# Nena tthe Tr'inke-in Aboriginal Head Start Registration Form

PO Box 599  
Dawson City, Y.T  
Y0B 1G0  
P: (867)993-5927  
F: (867)993-6553



Child Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Clan: Wolf or Crow First Nation: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

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

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

Emergency Contact #1: Name: \_\_\_\_\_ Home: \_\_\_\_\_

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

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

Emergency Contact #2: Name: \_\_\_\_\_ Home: \_\_\_\_\_

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

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

Any allergies or special medical conditions? Please explain:

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Are the child's immunizations up to date? (If the child does NOT attend daycare, please attach a copy of your child's immunization card for our records)

What fears does your child have?

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What are your child's favorite toys or activities?

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What type of positive discipline have you found to be most helpful with your child? (For example- time outs, counting, and removal from situation)

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Please list your child's foods like and dislikes:

Likes:

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Dislikes:

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Please read the terms of enrollment in the Head Start Program and sign below:

- I agree to have my child receive developmental check up's by the child development centre as a part of the Head Start Program.
- I and/or my family members agree to participate in the program in any way that we can as often as possible: At our Head Start program, family members are strongly encouraged to participate. You can bring in a nutritious snack, volunteer in the classroom, come on a field trip with us, or come and teach the children a skill that you have like beading, drumming, any craft, hunting, trapping, etc. Please let us know what you would be able to contribute to the program:

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I hereby consent for my child to be transported by ambulance to the nursing station in case of an emergency, and consent to emergency medical treatment until the time of my arrival at the hospital. I understand that every effort will be made to contact me if such an emergency arises.

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

Date: \_\_\_\_\_

AHS Coordinator/Teacher Signature \_\_\_\_\_

Date: \_\_\_\_\_