

HEAD START PRESCHOOL
1869 Main Street East
Hamilton, Ontario L8H 1G2
Phone: (905) 549-4884
Fax: (905) 549-7337

Dear Parent/ Caregiver,

Thank you for your interest in HEAD START PRESCHOOL!

We are a preschool program for Aboriginal children ages 2 ½ to 5 years old. We operate from Monday to Friday and have a morning program from 8:30 a.m. – 11:30 a.m. and an afternoon program from 1:00 p.m. – 4:00p.m.

A nutritious breakfast is served to the children enrolled in the morning program and a nutritious lunch is served in the afternoon. A limited transportation service to and from the preschool program may be available for you. The program focuses on the preschool child and their families and includes the following components; Parent Involvement, Culture and Language, Education, Health Promotion, Nutrition and Social Support Programs. Program activities for the children include areas that foster the spiritual, emotional, intellectual and physical growth of each child. This will all contribute to life long learning and transitions to elementary school.

Application Process

We hope to be able to accommodate all children and families who apply, however that may not always be possible. Currently, we are licensed to have forty-eight children in the morning and afternoon programs. Attached you will find a Child's Eligibility Application. Please complete the application and return in person, by mail, or fax. Once the applications are reviewed, families will be notified by telephone as to your child's status in the program. If your child is accepted into the program, an intake meeting will be arranged by Niwasa's Family Program Manager to complete the registration process. Any applications on the waiting list will be contacted as soon as a space in the program is available for your child. No opening will be filled between May and the end of the school year, as we operate on a regular school calendar.

All parent/guardians must attend a Family Orientation AGM Session in August, where policies and procedures, volunteer requirements, transportation and other planned events are discussed.

We look forward to meeting your family and to you becoming part of Niwasa's Family! If you have any questions, please feel free to call us.

Nya:weh, Meegwetch, Thank You

HEAD START PRESCHOOL

Head Start Preschool ELIGIBILITY APPLICATION

CHILD'S INFORMATION

Last Name _____ First Name _____ M.I _____

Male _____ Female _____ Date of Birth _____ Age _____
MONTH/DAY/YEAR

ABORIGINAL ANCESTRY Status____ Non-status____ Métis____ Inuit____

Band Name _____ Band Number _____

Classroom Preference: Mohawk____ Ojibwe____

Does your child have any special needs? (Disabilities, allergies etc) Yes____ No____

Please explain: _____

PARENT/GUARDIAN INFORMATION

Parent's Last Name _____ First Name _____

Address _____ City _____ Postal Code _____

Home Phone Number _____ Work/Cell Phone Number _____

Email Address _____

Were you referred to our program by a social service agency?

Yes _____ No _____ If yes, list agency _____

Contact Name _____ Phone Number _____

Are you or a family member willing to volunteer 6 hours per month? YES____ NO____

Does your child require transportation? YES _____ NO _____

Family income range: Under \$20,000____ \$20,000 to \$30,000____ Over \$30,000____

Please explain why you feel you child may benefit from attending Niwasa Head Start Preschool

DISCLOSURE: I UNDERSTAND THAT THE ABOVE INFORMATION IS CONFIDENTIAL FOR RECRUITMENT PURPOSE ONLY. IF YOUR CHILD IS SELECTED, THE INFORMATION CONTAINED IN THIS APPLICATION WILL BE VERIFIED AT A SUBSEQUENT INTERVIEW. I UNDERSTAND THAT IF ANY PART OF THIS INFORMATION IS FALSE, MY CHILD'S ADMITTANCE TO THE HEAD START PRESCHOOL PROGRAM MAY BE JEOPARDIZED.

PARENT SIGNATURE _____ DATE _____