



Bigstone Health Commission

Vision: To revive, strengthen and protect members' treaty rights to health and to enhance the quality of life of members and others living on Bigstone Traditional Lands

Box 1020 Wabasca, AB T0G 2K0
T: 780.891.2000 F: 780.891.2623 Toll Free: 1.877.767.7060.

ABORIGINAL HEAD START ON RESERVE PROGRAM **REGISTRATION FORM 2020-21**

1. Name of Child: _____ Male: _____ Female: _____
2. Date of Birth: _____
3. Treaty Number: _____
4. Alberta Health Number: _____
5. Parent(s) / Guardian(s): _____
6. Mailing Address: _____
7. Civic Address: _____
8. Telephone Home: _____ Work: _____
School: _____ College: _____
Cell: _____ Other: _____
9. Please list names and ages of your child's brothers and sisters:
Name: _____ Age: _____ Name: _____ Age: _____
Name: _____ Age: _____ Name: _____ Age: _____
10. Has your child had previous Head Start or Daycare experience? YES OR NO
If so, please specify: Head Start _____ Daycare _____
11. Does your child speak and / or understand Cree? Yes _____ No _____

12. Does your child have any special interests? _____

13. Parents are encouraged to volunteer time in the Head Start Program, as Parental Involvement is one of the components of the Aboriginal Head Start On Reserve Program. Are you willing to volunteer some time?

***Please fill out the following pages**

CHILD'S SKILLS

NAME:				
	YES:	TRYING:	NOT YET APPARENT:	COMMENTS OF PARENTS
Colors				
Use writing tools for doodling, etc.				
Communicates in complete sentences				
Pasting				
Reads				
Brushes teeth				
Feeds self				
Wash self				
Dresses self				
Ties laces on shoes				
Potty trained				
Plays well with others				



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PARENTAL CONSENT

Dear Parent/Guardian:

As a part of our Head Start Program, the staff takes the children for nature walks; visit the playground at Oski Pasikoniwew Kamik (Band School); swimming at the Wabasca Water World and Fitness Center, as well as visiting the Lake View Sports Center (Multi-Plex), or any other (i.e. Taron's Ranch, Kapaskwatinak, or community businesses, etc.)

We are required to obtain parental consent form for each time the child participates in one of the above activities, once parental consent will be used for the period of time between February – July 2021.

Please sign the bottom section of this form if you would like your child to participate. If you have more than once child in the Head Start Program, please sign one for each child and return the forms to Head Start. The consent forms will be kept in your child's file.

Thank you,

Brenda Alook-Auger
Head Start Coordinator

I give permission for my child _____ to participate in the activities as part of the Head Start Program 2020-21 year.

Signature of Parent/Guardian: _____

Emergency Contact Number: _____

Date: _____



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FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY **COPYRIGHT RELEASE FORM**

Student's Full Name: _____

I hereby grant permission to Aboriginal Head Start On Reserve (AHSOR), on behalf of my child(ren) for the following:

(Please check appropriate boxes)

_____ Videotape/Record my child;

_____ Display my child's work;

_____ Reproduce any of my child's work;

_____ Photograph of other representation of my child;

_____ All of the above

For the purpose of educational purpose: wall displays, special projects (*Mother's Day, Father's Day, Christmas, etc.*) I understand the production(s) work(s) may be shown at: educational displays open house, in-service sessions, online Facebook Page, and other school related activities at school or school board sites, or school board sponsored displays in the community; or used in a school publication. For example: year books, wall displays, school newspaper, community newspaper, Bigstone Cree Nation newspaper, The Fever newspaper or any other videotaping, etc.

Date Signed: _____

Parent/Legal Guardian of Head Start Student