

INTER TRIBAL COUNCIL OF MICHIGAN, INC
LAC VIEUX DESERT
HEAD START & EARLY HEAD START
23950 POW-WOW TRAIL, WATERSMEET, MI 49969
TELEPHONE # (906) 358-4944 FAX # (906)-358-4930

For full consideration, please complete and return the following pre-application to the Center. All pre-applicants are placed on the waiting list. As openings become available they will be filled based on the ERSEA policy. Slots are not filled by application date.

Child's Name: _____ Date of birth: _____

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Child's Name: _____ Date of birth: _____

Expected Child: _____ Due Date: _____

_____ I would like to enroll my baby when he/she is: 5 weeks 6 weeks 8 weeks 12 weeks

Or _____ I do not want to enroll my baby at this time please put him/her on the waiting list.

If we do not have slots available for all of your children at one time, would you accept slots as they become available? **Yes** OR **No** -I only want slots if all of my children can attend.

If we do not have slots available, may we refer you to another Early Childhood Agency? **Yes** **No**

Family Information:

Name(s) of Parent/Guardian child(ren) live with: _____

Living Address: _____

_____/_____, _____
House # & Street Name City State Zip

Home Telephone #: _____ Cell phone #: _____

Number of people in family: _____ Monthly Family Income: \$ _____

(Attach copy of W2 / check stubs / SSI or Unemployment benefits.)

To better assist us with selection, please X all that apply:

Native American Status:

☐ Tribal child is enrolled in: _____ or

☐ Child is a descendent of Tribe: _____

☐ Single Parent Family ☐ Pregnant Woman or Teen ☐ Foster Care

☐ Referred by Social Services ☐ Receive SSI (Attach copy of Verification letter) ☐ Homeless

☐ Transitioning from EHS to HS ☐ Other At Risk factors: _____

☐ Diagnosed Disability _____

☐ Receive TANF (Attach copy of Verification letter)

Applicants are encouraged to update information as contact information and circumstances change. If your child is selected for enrollment, a staff member will notify you and assist you with the enrollment process.

Parent/Guardian Signature: _____ Date: _____