

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:

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

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: _____