

Inter Tribal Council of Michigan, Inc

LAC VIEUX DESERT

Head Start & Early Head Start

P.O. Box 249 Watersmeet, MI 49969

Telephone # (906) 358-4944

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, 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 applies:

Native American Status: ☐ Tribe child is enrolled in:

_____ OR ☐ child is a descendent of

Tribes:

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

☐ Referred by Social Services ☐ Receive SSI ☐ 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: _____

