

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:

 Tribe: _____ OR [] child is a descendent of _____

[] 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: _____

