

Prekindergarten Application Form 212-1



STUDENT INFORMATION

Date: _____

Child's Legal Name _____
Last First Middle

Date of Birth _____ Male _____ Female _____ Main Phone # _____
Month/Day/Year

Mailing Address _____ City/Town _____ Postal Code _____

Street Address or Land Location or Reserve Name & House # _____

Saskatchewan Health Services # _____

Aboriginal Ancestry *(Please check one of the following if applicable.)*

Treaty/Registered (Status) First Nation _____ Non-Status First Nation _____ Metis _____ Inuit _____

Citizenship Information *(Please fill out if applicable.)*

Citizenship if other than Canadian _____ Date of Entry into Canada _____

Place/Country of Birth _____ Immigration Status _____

Child's First Language _____ Language Spoken at Home _____

Copy of Birth Certificate and/or Health Card Received _____

FAMILY INFORMATION

Student lives with: Both Parents _____ Mother _____ Father _____ Guardian(s) _____
Guardians' Relationship to Student _____

Primary Email Address _____

Mother / Guardian's Name _____
Last First

Home Phone # _____ Cell Phone # _____

Place of Work _____ Work Phone # _____

Father / Guardian's Name _____
Last First

Home Phone # _____ Cell Phone # _____

Place of Work _____ Work Phone # _____

Are there any custody arrangements we need to be aware of? _____

SIBLINGS LIVING IN THE HOME

Name _____ Age ____ Name _____ Age ____

Name _____ Age ____ Name _____ Age ____

Have any siblings previously attended Prekindergarten? _____

EMERGENCY CONTACT INFORMATION (List someone other than parent/guardian.)

Name _____ Phone # _____

Address _____ Relationship to Student _____

HEALTH INFORMATION

Does your child have any medical/health problems or allergies? Yes No

If yes, explain: _____

Is your child on any medications? Yes No

If yes, explain: _____

Has your child had his/her immunizations? _____

Has your child had his/her vision checked and if so when? _____

Has your child had his/her hearing checked and if so when? _____

Doctor's Name _____ Phone # _____

OTHER INFORMATION

Is your child toilet trained? Yes No

Does your child separate easily from you? Yes No

List any fears your child has: _____

List your child's interests: _____

Has your child worked with any of the following?

_____ Speech & Language - Therapist's Name _____

_____ PECIP (Parkland Early Childhood Intervention) - Worker's Name _____

_____ Occupational/Physical Therapist - Therapist's Name _____

_____ KidsFirst - Worker's Name _____

_____ Social Services - Worker's Name _____

_____ ASD Services (Autism Spectrum Disorder) - Workers' Names _____

_____ Psychologist/Early Childhood Mental Health Therapist - _____

_____ Other Support Services - _____

Criteria for Acceptance into Prekindergarten

Submission of an Application Form does not ensure entrance into the Prekindergarten Program and eligibility is based on certain criteria. All information in the application process is kept confidential.

Please check off any criteria you meet.

- | | |
|---|--|
| <input type="checkbox"/> financial need | <input type="checkbox"/> English is not the first language spoken at home |
| <input type="checkbox"/> foster child | <input type="checkbox"/> no family support |
| <input type="checkbox"/> single parent | <input type="checkbox"/> child lacks age appropriate problem solving skills |
| <input type="checkbox"/> teen parent | <input type="checkbox"/> parent has less than Gr 12 education |
| <input type="checkbox"/> parent is attending school | <input type="checkbox"/> recent major change/trauma in the family |
| <input type="checkbox"/> parent is unemployed | <input type="checkbox"/> child has speech or communication problems |
| <input type="checkbox"/> family vulnerabilities | <input type="checkbox"/> child has little opportunity to interact with others the same age |
| <input type="checkbox"/> child displays developmental delays | |
| <input type="checkbox"/> child has social, emotional or behaviour issues | |
| <input type="checkbox"/> child or family is involved with workers from other Support Services | |

Is there any additional information about your family that you feel your child's teacher should know?

Has or is your child attended another Early Childhood Program? (licensed daycare, day home, preschool)

April 2015

After all applications have been reviewed by our selection committee, children will be accepted based on needs. If necessary, children will be placed on a prioritized wait list. You will be contacted regarding your child's acceptance.

Updated April 2015

Sharing of Information Consent Form

As parent or legal guardian of:

I hereby give my consent for information to be shared between members of the Prekindergarten Selection Team for the purpose of determining students most in need of Prekindergarten programming.

Only information pertinent to a child's development and the needs of their family will be discussed and this information will be kept confidential within the "circle of care".

Members of this team may include staff from:

Good Spirit School Division such as:

- Prekindergarten Teacher
- Student Services Coordinator
- Administrator
- Student Support Teacher
- Prekindergarten Educational Associate

Sunrise Health Region Partners:

- Public Health Department

Sunrise Children's Therapy Program:

- Speech Language Pathologist
- Occupational Therapist
- Psychologist
- Physical Therapist
- Social Worker/Counsellor
- ASD Consultant
- Early Childhood Mental Health Therapist

Community Partners:

- Community Nursery/Preschool Teacher
- Community Daycare Director
- PECIP (Parkland Early Childhood Intervention Program)
- SIGN (Society for Involvement of Good Neighbors)
- KidsFirst

Parent/Guardian Signature

Date