

**Families of children accepted to a Pre-Kindergarten program  
will be notified by their child's Teacher by September 14, 2018**



## Prekindergarten Application 2018-2019

**School:** \_\_\_\_\_

Education Centre  
545 11th Street East, Prince Albert, SK S6V 1B1  
Phone: (306) 764-1571 Fax: (306) 763-4460  
Robert Bratvold, Director of Education

### PERSONAL INFORMATION

Child's Legal Name: \_\_\_\_\_  
Surname First Name Middle Name(s)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender:  Male  Female  
Month / Day / Year

House/Apt#: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Land Location (for Rural Students): Quarter: \_\_\_\_ Section: \_\_\_\_ Township: \_\_\_\_ Range: \_\_\_\_ Meridian: \_\_\_\_

Postal Code: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

### PARENT OR GUARDIAN INFORMATION

Relationship:  Father,  Mother  Guardian  
 Step-father  Step-mother

Name: \_\_\_\_\_  
Surname First Name

Does this child live with you?  Yes  No

Employer/School: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Please indicate your current education levels and age range.

Grade 11 or lower  Grade 12  
 College/Technical  University

Age Range:  15-20  21-25  26+

### PARENT OR GUARDIAN INFORMATION

Relationship:  Father,  Mother  Guardian  
 Step-father  Step-mother

Name: \_\_\_\_\_  
Surname First Name

Does this child live with you?  Yes  No

Employer/School: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Please indicate your current education levels and age range.

Grade 11 or lower  Grade 12  
 College/Technical  University

Age Range:  15-20  21-25  26+

### CHILD'S FIRST LANGUAGE:

Please list all languages spoken in your home:

First Language: \_\_\_\_\_

### FIRST NATIONS, INUIT AND MÉTIS (voluntary self-declaration) First Nations

Status  First Nations Non-Status  Inuit  Métis

Do you live on a reserve?  Yes  No Status No.: \_\_\_\_

Reserve Name: \_\_\_\_\_ House #: \_\_\_\_\_

Reserve Street Name: \_\_\_\_\_

---

**SIBLINGS INFORMATION** (Please attach an additional sheet to list more than four siblings.)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_  
Surname First Name

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_  
Surname First Name

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_  
Surname First Name

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_  
Surname First Name

**CUSTODY INFORMATION**

**Court Order** In rare instances a child may be designated as “Protected” if a court has issued a restraining order.

Should school administration be aware of any such Court Order for the protection of your child? Yes  No   
If you answered YES, please make arrangements to discuss this situation with the school administration.

**Foster Care** Is this student in foster care? Yes  No

If you answered YES, please provide the following information:

Foster Care Agency: Ministry of Social Services  CFS (Indian Child and Family Services)

Type of Foster Care: Regular  Therapeutic  Therapeutic Group

Social Worker’s Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

---

**EMERGENCY INFORMATION** (Parents/guardians will always be contacted first in the event of an emergency.)

Saskatchewan Hospitalization Number: \_\_\_\_\_

Emergency Contact 1 Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
(if parents are unavailable)

Work Telephone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Emergency Contact 2 Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
(if parents and Emergency Contact 1 are unavailable)

Work Telephone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Does this student have a **severe** or **life threatening** medical condition? Yes  No   
If you answered YES, please provide details of the medical condition. :

---

**PERMISSION**

- I give permission for my son/daughter to participate in low risk educational activities that occur during normal school hours away from the school grounds. I understand that the activities will be connected to educational objectives. The school will inform me by written note or telephone call when a trip will occur. Yes  No
- Local Authority Freedom of Information Protection (LAFOIP) Please read the LAFOIP brochure.** I give permission for my child’s personal information (name, grade, school), photo, video recording, and/or work to be displayed beyond the school or school division and know that it will be accessible to the public through a posting, publication, or internet website. (An example: The publication of your child’s picture in the local newspaper or social media.) Yes  No

The LAFOIP brochure is available at the school or online at: [www.srsd119.ca](http://www.srsd119.ca). (Click on Parent Information.)

- 
1. Does your child attend child care, preschool, or any other early learning programs?  Yes  No  
 If yes, how often? \_\_\_\_\_ Name of program(s): \_\_\_\_\_  
 Program's phone number: \_\_\_\_\_
  2. In a week, how often does your child play with other preschool children? \_\_\_\_\_
  3. In what ways do you think your child would benefit from Prekindergarten? \_\_\_\_\_  
 \_\_\_\_\_
  4. Did your child attend Prekindergarten last year?  Yes  No If yes, where? \_\_\_\_\_
  5. Is this your neighborhood school?  Yes  No  
 If no, please explain your reasons for applying to this school \_\_\_\_\_  
 \_\_\_\_\_
  6. Does your child have any special needs, medical conditions, or behaviors of which the school staff should be aware?  
 Yes  No  
 If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_
  7. Do you have any concerns about your child's development?  Yes  No  
 If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_
  8. Have you been referred to Prekindergarten by a partner agency such as:  
 Public Health  Medical Clinic  Social Services  KidsFirst  
 Family Futures  ECIP  Other: \_\_\_\_\_  
 No referral was made
  9. Prekindergarten engages parents through home visits, family events, parent education, ongoing conversations and class participation. How would you like to be engaged in Prekindergarten? \_\_\_\_\_  
 \_\_\_\_\_
  10. When would you be comfortable with a home visit by the Teacher and EA?  
 Morning  Afternoon  Other, please explain \_\_\_\_\_
  11. Where will your child be attending Kindergarten? \_\_\_\_\_

---

**SIGNATURE REQUIRED**

*I hereby declare that I have read and understood the information contained on this Prekindergarten Application Form and that the information I have provided is correct. I understand it is my responsibility to inform the school of any changes to the information contained on this form.*

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent or Guardian