

**Families of children accepted to a Prekindergarten program will be notified by their child's teacher by September 13, 2019**



**Prekindergarten Application 2019 – 2020**

**School:**

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

Prekindergarten Programs

- Prekindergarten is an early intervention, prevention program.
- Prekindergarten is **not** a universal program for all 3 and 4 year olds. **Space is limited.**
- Prekindergarten is a targeted program for our most vulnerable or at risk 3 and 4 year old children and their families.

**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: \_\_\_\_\_  
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+

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**CHILD'S FIRST LANGUAGE:**

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

Please list all languages spoken in your home:

\_\_\_\_\_

**FIRST NATIONS, INUIT AND METIS (voluntary self-declaration) First Nations**

Status First Nations Non-Status Inuit Metis  
Do you live on a reserve: Yes No Status #: \_\_\_\_\_  
Reserve Name: \_\_\_\_\_ House #: \_\_\_\_\_  
Reserve Street Name: \_\_\_\_\_

**SIBLINGS INFORMATION** (Please attach an additional sheet to list if 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 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: \_\_\_\_\_

Emergency Contact 2: Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
(if parents are unavailable)  
Work Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Does this student have a **severe** or **life threatening** medical condition? Yes No

If 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 and the 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, or any other early learning programs?      Yes      No  
 If yes, how often? \_\_\_\_\_ Name of program? \_\_\_\_\_
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 behaviours of which the school staff should be aware?      Yes      No  
 If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_
7. What do you want us to know about your child? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Have you been referred to Prekindergarten by a partner agency such as:  
                 Public Health      Social Services      KidsFirst  
                 No referral was made      ECIP      Other: \_\_\_\_\_
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. Participation in Family Events is an expectation of the Prekindergarten program. When would you be more able to attend events at the school?      Morning      Afternoon      Evening
11. Does your child have any allergies or food restrictions? \_\_\_\_\_  
 \_\_\_\_\_
12. Is there anything else you want us to know? \_\_\_\_\_  
 \_\_\_\_\_

**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