

Families of children accepted to a Prekindergarten program will be notified by their child's teacher by mid-September.



Prekindergarten Application

School:

To complete and email this form online, you must use Adobe Reader

Education Centre
545 11th 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.

STUDENT PERSONAL INFORMATION

Child's Legal Name: _____
Surname First Name Middle Name (s)

Date of Birth: _____ Age: _____ Gender: _____ Grade: PreK
Month/Day/Year Male Female Unspecified

House/Apt#: _____ Street: _____ City: _____ Postal Code: _____

Mailing Address (if different from above): _____

Land Location (For Rural Students): Quarter: _____ Section: _____ Township: _____ Range: _____ Meridian: _____

Home Phone: _____

PARENT OR GUARDIAN INFORMATION

Relationship: _____
Father Mother Guardian

Other Relationship: _____

Name: _____
Surname First Name

Does student live with you? Yes No

Employer/School: _____

Cell: _____

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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CITIZENSHIP INFORMATIONCanadian _____ Other – please specify: _____ Country of Birth: _____

CHILD'S FIRST LANGUAGE (please list all languages spoken in your home)First Language: _____ Second Language: _____

FIRST NATIONS INUIT AND MÉTIS (voluntary self-declaration)

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

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

Name: _____ Surname	_____ First Name	Age: _____	School Attending: _____
Name: _____ Surname	_____ First Name	Age: _____	School Attending: _____
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Name: _____ Surname	_____ First Name	Age: _____	School Attending: _____

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 ICFS (Indian Child and Family Services)

Type of Foster Care: Regular Therapeutic Therapeutic Group

Social Worker's Name: _____ Phone: _____

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

Emergency Contact 1 (if parents are unavailable) Name: _____ Home Phone: _____

Work Phone: _____ Cell: _____

Emergency Contact 2 (if parents and Emergency Contact 1 are unavailable) Name: _____ Home Phone: _____

Work Phone: _____ Cell: _____

Does your child have any allergies or food restrictions? _____

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