

Families of children accepted to a Prekindergarten program will be notified by their child's teacher by September 15



Prekindergarten

Application School:

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

Month/Day/Year

Age

Male

Gender:

Female

Unspecified

Grade: Pre-K

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

Other

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+

PARENT OR GUARDIAN INFORMATION

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Mother

Father

Guardian

Other Relationship:

Name:

Surname

First Name

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CITIZENSHIP INFORMATION

Canadian

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 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#:

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. Yes No
 Should school administration be aware of any such Court Order for the protection of your child?
 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
Type of Foster Care:	Regular	Therapeutic
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 unavailable)	Name:	Home Phone:
	Work Phone:	Cell Phone:

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

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

PERMISSION

- | | | |
|---|-----|----|
| 1. I give permission for my child 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 |
| 2. Local Authority Freedom of Information Protection (LAFOIP). Please read the LAFOIP brochure.
I give my permission for my child's personal information (name, grade, school), photo/video, video recording, including virtual learning opportunities, media release, media internal and external, social media permission 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, in this school year and beyond. (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 (Click on Parent Information)

My child attends licensed childcare. Yes No

Name of Program:

Did your child attend Prekindergarten last year? Yes No

If yes, where?

If no, please explain your reasons for applying to this school.

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.

Does your child have any allergies or food restrictions?

Have you been referred to Prekindergarten by a partner agency such as:

KidsFirst ECIP Social Services Public Health Other

Participation in Family Events is an expectation of the Prekindergarten program.
Do you or another caregiver commit to participating in these events with your child as often as possible? Yes No

Are any of your child's family members absent from the home for long periods of time? Yes No

Has there been any impact in the family from a traumatic experience? Yes No

Is the family experiencing any financial need? Yes No

Is the family experiencing a health care crisis? Yes No

Is there limited extended family support? Yes No

Do you have any additional concerns/information regarding your child you would like us to be aware of? Please specify.

My child has difficulty or lack of experience with (check all that apply):

Social Skills (ability and opportunity to play with other children)

Please explain:

Communication (following directions, speaking clearly, using complete sentences)

Please explain:

Attention / Attending to Tasks (ability to focus on activities)

Please explain:

Motor Skills (running, jumping, holding a crayon, printing, doing up buttons)

Please explain:

IMPORTANT: Children who are not potty trained are welcome to attend Prekindergarten. However, most 3 and 4 year olds should be using the bathroom on their own or with some help. The use of diapers or pull ups with children in Prekindergarten will require a plan to move towards independence using the toilet. Children who are not ready to use the toilet for medical reasons will be fully supported. The dignity of all children will be respected during their journey towards independent use of the bathroom.

Toileting (going to the washroom): without help working on it needs help

Describe your child's personality and favourite activities.

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

PLEASE NOTE THAT THIS IS AN APPLICATION AND DOES NOT GUARANTEE ENTRY INTO THE PREKINDERGARTEN PROGRAM - YOU WILL BE NOTIFIED BY THE SCHOOL