Saskatoon Public Schools
Inspiring Learning

Saskatoon Public Schools Foundation

School Name: _____ **Date:** _____

KINDERGARTEN FULL DAY APPLICATION 2023-2024

Fill out the Saskatoon Public Schools Registration Form at the same time.

In the fall of 2021, the Saskatoon Public Schools Foundation - Early Learning Equal Start Campaign will support full day Kindergarten in 15 of our schools. Space is limited and children who would benefit most from enhanced programming are prioritized for enrolment.

Kindergarten full day spaces are filled throughout the year as they become available. All applications will be reviewed by a selection committee. Priority will be given to students who reside in the school catchment (neighborhood) area.

Child's Name: _____

Date of Birth: _____ (month / day / year) **Age:** _____

Home address: _____ **Phone #:** _____

1. **What is your neighborhood school?** _____

2. **If this program is full, would you like your child to be considered for a full day program at a different school knowing that transportation will *NOT* be provided?** Yes _____

   No, remain at this school in a half day program _____

   Would you like your child to be on a waitlist for the full day program at this school? _____

3. **Do you have any older children attending this school?** Yes _____ No _____

4. **Does your child attend daycare?** Yes _____ No _____ If yes, which one: _____

Does your family receive support through KidsFirst? Yes _____ No _____

Please provide any additional medical information including medical services your child has been referred to. Include any medical reports or additional information (e.g., Autism Services, ABCDP/ KCC, Aboriginal Head Start, Speech Language Pathology, Occupational Therapist, Social Services, Open Door Society, other):

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6. **What is your child's first language:** _____

Please list all languages spoken in your child's home: _____

Citizenship: Canadian Citizen Yes _____ No _____ If no, citizenship: _____

Would you like to have an interpreter for school meetings: Yes _____ No _____

7. **Caregivers in the child's life (Contact Information):**

Contact 1:

_____ _____
First and Last Name **Relationship**

_____ _____
Phone number **Email address**

Contact 2:

_____ _____
First and Last Name **Relationship**

_____ _____
Phone number **Email address**

Contact 3:

_____ _____
First and Last Name **Relationship**

_____ _____
Phone number **Email address**

Contact 4:

_____ _____
First and Last Name **Relationship**

_____ _____
Phone number **Email address**

Is there anything else that you would like to tell us about your family and the caregivers that would help us to understand your child?

8. **Please tell us about your child (strengths, interests):**

9. **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: _____

_____

_____

_____ **Other** (*please explain*) _____

_____

_____

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

PLEASE NOTE THAT THIS IS AN APPLICATION AND DOES NOT GUARANTEE ENTRY INTO THE KINDERGARTEN FULL DAY PROGRAM. YOU WILL BE NOTIFIED BY THE SCHOOL.

Contact person for the application: _____

Phone number: _____

Email address: _____