



2016-2017 PREKINDERGARTEN APPLICATION: *Caswell Community School*

Child's Name: _____ Date: _____

Age: _____ Child's birth date: _____ Boy Girl

Address: _____

Child lives with: Mother Father Both Guardian Other

Names of adults in the home: _____

Home Phone: _____ Cell Phone: _____

1. Do you prefer? Morning _____ Afternoon _____ No preference _____

2. Is this your neighborhood school? Yes _____ No _____

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

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

4. Has your child been referred to, or seen by, a partner agency such as:

Medical Clinic Open Door Society Kidsfirst ABCDC/KCC

Public Health Social Service Health Nurse Child Psychologist

Speech/language Pathologist Other: _____

5. Does your child attend preschool, child care, an early intervention program or Headstart?

Yes _____ No _____ If yes, please provide the names of programs: _____

6. In a week, how often does your child play with other preschool children? _____

7. What is your child's first language? _____ Please list all languages spoken in your child's home. _____



8. There is a saying that, "It takes a village to raise a child." Who is in your family's village? (for example, SSWIS worker, extended family members, a community group, etc.)

9. Can your child use the bathroom by himself/herself? Yes _____ No _____

10. Do the adults in the home:

Mother: Attend school Work outside the home, Place: _____

Father: Attend school Work outside the home, Place: _____

Guardian: Attend school Work outside the home, Place: _____

11. Please tell us about your child:

My child is good at: _____

My child has difficulty with: (Check all that apply)

- Social skills (playing with other children)
- Talking and listening (following directions, talking clearly, using complete sentences)
- Motor skills (like running and jumping or like holding a crayon or using a spoon)

PLEASE NOTE THAT THIS IS AN APPLICATION AND DOES NOT GUARANTEE ENTRY INTO THE PREKINDERGARTEN PROGRAM.

Parent/Guardian Signature

Date: Month/Day/Year

I understand that a speech-language pathologist from the Saskatoon Health Region is a part of the Prekindergarten Program. I agree that if my child is accepted into the program he/she may be assessed by the Speech-Language Pathologist and any written reports will be part of my child's file with the school division.

Parent/Guardian Signature: _____ Date: _____