



School Name: \_\_\_\_\_

Date: \_\_\_\_\_

# KINDERGARTEN FULL DAY APPLICATION

# 2022-2023

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

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

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:*

_____	_____
<b>First and Last Name</b>	<b>Relationship</b>
_____	_____
<b>Phone number</b>	<b>Email address</b>

*Contact 2:*

_____	_____
<b>First and Last Name</b>	<b>Relationship</b>
_____	_____
<b>Phone number</b>	<b>Email address</b>

*Contact 3:*

_____	_____
<b>First and Last Name</b>	<b>Relationship</b>
_____	_____
<b>Phone number</b>	<b>Email address</b>

*Contact 4:*

_____	_____
<b>First and Last Name</b>	<b>Relationship</b>
_____	_____
<b>Phone number</b>	<b>Email address</b>

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: \_\_\_\_\_