

School Name: _____

Date: _____

PREKINDERGARTEN APPLICATION 2023-2024

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



Do you prefer? Half Day AM (M-Th) _____ Half Day PM (M-Th) _____ No preference _____

The Saskatchewan Ministry of Education's prekindergarten program is a developmentally appropriate early childhood education program for three- and four-year-old children. Space is limited to sixteen students and for children who would benefit most from enhanced programming are prioritized for enrolment.

When registering for the new school year, families are welcome to submit a prekindergarten application in the spring. Applications are also accepted throughout the year and spaces as they become available. All applications will be reviewed by the school team. Priority will be given to students who reside in the school catchment (neighborhood) area, are of the appropriate age and most benefit from enhanced programming. Programs will prioritize these criteria and place four-year-old children first.

Schools with a full day program, may not be able to accommodate all family requests. There is one program per allocated school. If your child cannot be accommodated in a full day program, all attempts will be made to have your child placed in a half day program or provide referrals for another full day program.

Child's Name: _____

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

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

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

2. **If the full day 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?** N/A, I registered for a half day program ____ 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, Aboriginal Head Start, Speech Language Pathology, Occupational Therapist, Social Services, Open Door Society, 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:

_____	_____
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?

Would one or more of these caregivers be available to take part in Family Days & Home Visits? Yes _____ No _____

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 PREKINDERGARTEN PROGRAM-YOU WILL BE NOTIFIED BY THE SCHOOL.

Contact person for the application: _____

Phone number: _____

Email address: _____