



## KINDERGARTEN FULL DAY APPLICATION

In the fall of 2023, the Saskatoon Public Schools Foundation - Early Learning Equal Start Campaign will support full-day Kindergarten in 25 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 (neighbourhood) area.

contact information

Child's Name:

Date of Birth:

Age:

Home Address:

Phone Number:

program preference

What is your neighbourhood school?

Do you have older children attending this school?

If yes, please list their names.

Does your child attend daycare? **If yes**, which:

**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**, I prefer my child 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?

Yes

language / citizenship

What is your child's first language?

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

Would you like to have an interpreter for school meetings?

Yes

No

Canadian Citizen: Yes

No

If no, citizenship:

services

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):



**1** First and Last Name:  Relationship:   
 Email Address:  Phone Number:   
 Student Lives With: Yes ☐ No ☐

**2** First and Last Name:  Relationship:   
 Email Address:  Phone Number:   
 Student Lives With: Yes ☐ No ☐

**3** First and Last Name:  Relationship:   
 Email Address:  Phone Number:   
 Student Lives With: Yes ☐ No ☐

**4** First and Last Name:  Relationship:   
 Email Address:  Phone Number:   
 Student Lives With: Yes ☐ No ☐

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?

Please tell us about your child's interests and strengths:

**My child has difficulty or lack of experience with (check all/any that apply and provide details):**

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

Details

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

Details

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

Details

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

Details

☐ **Other** (please explain)

Details

**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 a full-day kindergarten program. You will be notified by the school.

Contact person for the application:

Phone number:

Email address: