

School Name: Mayfair Community School Date: \_\_\_\_\_

# PREKINDERGARTEN APPLICATION

# 2022-2023

**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) \_\_\_\_\_ Full Day (M-Th) \_\_\_\_\_ No preference \_\_\_\_\_  
(if available)

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:

_____	_____
<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?

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: \_\_\_\_\_