



## PREKINDERGARTEN APPLICATION

Prekindergarten spaces are filled throughout the year as they become available. The application form will be reviewed by a selection committee and children will be accepted based on the criteria.

**Child's Name:** \_\_\_\_\_  
First / Middle / Last

**Date of Birth:** \_\_\_\_\_ (month/day/year)    **Health Card #:** \_\_\_\_\_

**Age:** \_\_\_\_\_    **Gender:**    Male \_\_\_\_ Female \_\_\_\_ Unspecified \_\_\_\_

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

**Child Resides with:** Mother \_\_\_\_ Father \_\_\_\_ Both \_\_\_\_ Guardian \_\_\_\_  
Other \_\_\_\_: \_\_\_\_\_

**Name of Adults:** \_\_\_\_\_

**Primary Phone #:** \_\_\_\_\_ **Secondary Phone #:** \_\_\_\_\_

**Email Address** \_\_\_\_\_

### First Nations, Inuit and Métis (Voluntary Self-Declaration):

First Nations \_\_\_\_ First Nations Non-Status \_\_\_\_ Inuit \_\_\_\_ Métis \_\_\_\_

Reserve Name: \_\_\_\_\_ Registration # \_\_\_\_\_

1. **Do you prefer:** Morning \_\_\_\_ Afternoon \_\_\_\_ No preference \_\_\_\_
2. **What is your neighborhood 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 \_\_\_\_\_
5. **Has your child been referred to, or seen by, a partner agency such as:** (check all that apply)

Medical Clinic \_\_\_\_\_

Speech/Language Pathologist \_\_\_\_\_

Open Door Society \_\_\_\_\_

Public Health \_\_\_\_\_

Early Childhood Intervention Program \_\_\_\_\_

Social Services \_\_\_\_\_

Preschool \_\_\_\_\_

Occupational Therapist \_\_\_\_\_

Autism Services \_\_\_\_\_

Health Nurse \_\_\_\_\_

Early Childhood Psychologist \_\_\_\_\_

KidsFirst \_\_\_\_\_

Other \_\_\_\_\_

Aboriginal Head Start \_\_\_\_\_

ABCDC/KCC \_\_\_\_\_

6. **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 home visits?** Yes \_\_\_\_ No \_\_\_\_

7. **Do the adults in the home:**

*Mother:* \_\_\_\_ Stay at home \_\_\_\_ Attend school \_\_\_\_ Work Place of work: \_\_\_\_\_

*Father:* \_\_\_\_ Stay at home \_\_\_\_ Attend school \_\_\_\_ Work Place of work: \_\_\_\_\_

*Guardian:* \_\_\_\_ Stay at home \_\_\_\_ Attend school \_\_\_\_ Work Place of work: \_\_\_\_\_

8. **Please tell us about your child:**

9. **My child is good at:**

10. **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 holding a crayon, using a spoon)

Toileting (going to the washroom):

\_\_\_\_ Yes, without help

\_\_\_\_ Working on it

\_\_\_\_ No, needs help

I understand that a Speech-Language Pathologist from the Saskatchewan Health Authority or the Saskatoon Public School Division is a part of the Prekindergarten Program. I agree that if my child is accepted into the program they may receive services from the Speech-Language Pathologist and that any related documentation will be part of my child's file with the Saskatoon Public School Division.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE NOTE THAT THIS IS AN APPLICATION AND DOES NOT GUARANTEE ENTRY INTO THE PREKINDERGARTEN PROGRAM-YOU WILL BE NOTIFIED BY THE TEACHER.**