



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

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

# PREKINDERGARTEN APPLICATION

# 2021-2022

**Do you prefer?** Half Day AM (M-Th) \_\_\_\_\_ Half Day PM (M-Th) \_\_\_\_\_ Full Day (M-Th) \_\_\_\_\_ No preference \_\_\_\_\_

Prekindergarten 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.

Schools with large numbers of registrations may not be able to accommodate all family requests. If your child cannot be accommodated in a program, the school will contact the family.

**Child's Name:** \_\_\_\_\_

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

**Home address:** \_\_\_\_\_

1. **What is your neighborhood school?** \_\_\_\_\_

2. **If a full day program should become available, would you be interested?** Yes \_\_\_\_\_ No \_\_\_\_\_

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** (check all that apply)

Medical Clinic _____	Speech/Language Pathologist _____	Open Door Society _____
Health Nurse _____	Early Childhood Psychologist _____	Social Services _____
Public Health _____	Early Childhood Intervention Program _____	Autism Services _____
Preschool _____	Aboriginal Head Start _____	ABCDC / KCC _____
Other _____	Occupational Therapist _____	

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 \_\_\_\_\_



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## 7. Caregivers in your child's life:

Caregiver 1: \_\_\_\_\_ Caregiver 2: \_\_\_\_\_

Caregiver 3: \_\_\_\_\_ Caregiver 4: \_\_\_\_\_

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)

\_\_\_\_\_ communication (following directions, speaking clearly, using complete sentences)

\_\_\_\_\_ attending to task (ability to focus on activities)

\_\_\_\_\_ motor skills (running, jumping, holding a crayon, doing up buttons)

\_\_\_\_\_ other (please explain) \_\_\_\_\_

Toileting (going to the washroom): \_\_\_\_\_ yes, without help \_\_\_\_\_ working on it \_\_\_\_\_ no, 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: \_\_\_\_\_