

# Prekindergarten Program Application for Admission

School \_\_\_\_\_ Date of Application \_\_\_\_\_

## SECTION A: Student Information

Last Name	First Name	
Middle Name(s)		
D.O.B.	<input type="radio"/> Male	<input type="radio"/> Female

## SECTION B: Family Profile

Address (Box Number)		
Town/City	Postal Code	Land Location
Mother/Guardian Name		
Address (if different from child)		
Home Phone	Work Phone	Cell Phone
Place of work		
Father/Guardian Name		
Address (if different from child)		
Home Phone	Work Phone	Cell Phone
Place of work		

## Ministry of Education Information

Country of birth	Citizenship
First language	Other languages spoken

## Voluntary Declaration

Aboriginal	<input type="radio"/> Inuit	<input type="radio"/> Métis	<input type="radio"/> Non-Status Indian	<input type="radio"/> Treaty Indian
Band Number		Band Membership/Name		
Reserve Residency	<input type="radio"/> On Reserve		<input type="radio"/> Off Reserve	

Siblings (please provide names and ages)	

<b>Education Level of Mother</b>	
Highest Grade Completed	
<input type="radio"/> High School Diploma	
<input type="radio"/> College/University	

<b>Education Level of Father</b>	
Highest Grade Completed	
<input type="radio"/> High School Diploma	
<input type="radio"/> College/University	

**Child Care Provider (Before and/or After School)**

Name		Address	
Home Phone		Cell Phone	
<b>Transportation</b>			
Comes from	<input type="radio"/> Child Care	<input type="radio"/> Home	
Returns to	<input type="radio"/> Child Care	<input type="radio"/> Home	

Are you able to transport your child to and from school?	<input type="radio"/> Yes	<input type="radio"/> No, explain

**Family Circumstances**

<input type="radio"/> Yes	<input type="radio"/> No	Single parent family		<b>Family Income Level</b>	
<input type="radio"/> Yes	<input type="radio"/> No	English as an additional language		<input type="radio"/>	Under \$20,000/year
<input type="radio"/> Yes	<input type="radio"/> No	Child living with extended family		<input type="radio"/>	\$20,000 - \$30,000/year
<input type="radio"/> Yes	<input type="radio"/> No	Child living in foster care		<input type="radio"/>	\$30,000 - \$40,000/year
<input type="radio"/> Yes	<input type="radio"/> No	Committed to participating in regular family/child activities		<input type="radio"/>	+ \$40,000/year
<input type="radio"/> Yes	<input type="radio"/> No	Child spends most of the day in a child care setting			
<input type="radio"/> Yes	<input type="radio"/> No	Sibling previously attended Prekindergarten			

**SECTION C: General Information**

Please describe any needs that your child may have in the following areas:

Does your child have trouble understanding language or following directions?  No  Yes  
If yes, please explain.

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**Participation in Community Programs**

- Library story hour
- Church clubs
- Music programs
- Skating/hockey
- Swimming lessons
- Other (please list)

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**SECTION D: Agency Involvement**

Has your child been, or is your child involved with any agencies such as Early Childhood Intervention Program, a Speech and Language Pathologist, Canadian National Institute for the Blind, Mental Health, SCEP Centre Society, Wascana Rehabilitation Center, Child and Youth Services?

No  Yes (if yes, please indicate below)

Name of Agency	
Location	
Contact Person	
Date of Involvement	
Name of Agency	
Location	
Contact Person	
Date of Involvement	

**SECTION E: Consent and Disclaimer**

As a parent, I am able to participate in the family component of the prekindergarten program best on:

- Friday mornings (Friday afternoons if placed in an afternoon class)
- A weekday evening

I hereby consent to the release of information to the prekindergarten selection committee by an identified agency contained on this application that may pertain to my child's eligibility for enrolment in the prekindergarten program in this school of the Prairie Valley School Division.

*One of the selection criteria as outlined by the Ministry of Education is that prekindergarten programs should apply to children identified as "vulnerable". The information provided will assist in the selection of the children considered to be vulnerable. Parents/caregivers may wish to consider disclosing as much information as possible to aid in the selection process. All information submitted to the selection committee is both voluntary and confidential.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date (MM/DD/YY)

\*\* Note: If child is in foster care, social worker must sign as legal guardian.

**Complete fully, please.**

What does your child do when he/she's angry or frustrated?

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Does your child have any difficulty with speaking or being understood when speaking?  No  Yes  
Is your child able to communicate well with other children and adults? Describe.

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Do you have any concerns about your child's emotional and social behaviours?  No  Yes  
If yes, please explain.

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Describe how your child interacts and plays with other children.

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Describe the ability of your child to stay focused on one activity for a given length of time.

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Does your child have any medical issues that would impact him/her at school?  No  Yes  
If yes, please explain.

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Toilet Trained?  No  Yes  Needs assistance (describe nature of assistance needed)

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