

**Families of children accepted to a Prekindergarten program
will be notified by their child's teacher by September 13, 2019**



Prekindergarten Application 2019-2020

School: _____

Education Centre
545 11th Street East, Prince Albert, SK S6V 1B1
Phone: (306) 764-1571 Fax: (306) 763-4460
Robert Bratvold, Director of Education

PERSONAL INFORMATION

Child's Legal Name: _____
Surname First Name Middle Name(s)

Date of Birth: ____/____/____ Age: ____ Gender: Male Female
Month / Day / Year

House/Apt#: _____ Street: _____ City: _____

Mailing Address (if different from above): _____

Land Location (for Rural Students): Quarter: ____ Section: ____ Township: ____ Range: ____ Meridian: ____

Postal Code: _____ Home Telephone: _____

PARENT OR GUARDIAN INFORMATION

Relationship: Father, Mother Guardian
 Step-father Step-mother

Name: _____
Surname First Name

Does this child live with you? Yes No

Employer/School: _____

Cell Phone Number: _____

Email: _____

Please indicate your current education levels and age range.

Grade 11 or lower Grade 12
 College/Technical University

Age Range: 15-20 21-25 26+

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CHILD'S FIRST LANGUAGE:

Please list all languages spoken in your home:

First Language: _____

FIRST NATIONS, INUIT AND MÉTIS (voluntary self-declaration) First Nations

Status First Nations Non-Status Inuit Métis

Do you live on a reserve? Yes No Status No.: ____

Reserve Name: _____ House #: _____

Reserve Street Name: _____

SIBLINGS INFORMATION (Please attach an additional sheet to list more than four siblings.)

Name: _____ Age: _____ School Attending: _____
Surname First Name

Name: _____ Age: _____ School Attending: _____
Surname First Name

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Surname First Name

Name: _____ Age: _____ School Attending: _____
Surname First Name

CUSTODY INFORMATION

Court Order In rare instances a child may be designated as “Protected” if a court has issued a restraining order.

Should school administration be aware of any such Court Order for the protection of your child? Yes No
If you answered YES, please make arrangements to discuss this situation with the school administration.

Foster Care Is this student in foster care? Yes No

If you answered YES, please provide the following information:

Foster Care Agency: Ministry of Social Services CFS (Indian Child and Family Services)

Type of Foster Care: Regular Therapeutic Therapeutic Group

Social Worker’s Name: _____ Telephone: _____

EMERGENCY INFORMATION (Parents/guardians will always be contacted first in the event of an emergency.)

Saskatchewan Hospitalization Number: _____

Emergency Contact 1 Name: _____ Home Telephone: _____
(if parents are unavailable)

Work Telephone: _____ Cell Phone Number: _____

Emergency Contact 2 Name: _____ Home Telephone: _____
(if parents and Emergency Contact 1 are unavailable)

Work Telephone: _____ Cell Phone Number: _____

Does this student have a **severe** or **life threatening** medical condition? Yes No
If you answered YES, please provide details of the medical condition. :

PERMISSION

- I give permission for my son/daughter to participate in low risk educational activities that occur during normal school hours away from the school grounds. I understand that the activities will be connected to educational objectives. The school will inform me by written note or telephone call when a trip will occur. Yes No
- Local Authority Freedom of Information Protection (LAFOIP) Please read the LAFOIP brochure.** I give permission for my child’s personal information (name, grade, school), photo, video recording, and/or work to be displayed beyond the school or school division and know that it will be accessible to the public through a posting, publication, or internet website. (An example: The publication of your child’s picture in the local newspaper or social media.) Yes No

The LAFOIP brochure is available at the school or online at: www.srsd119.ca. (Click on Parent Information.)

1. Does your child attend child care, preschool, or any other early learning programs? Yes No
 If yes, how often? _____ Name of program(s): _____
 Program's phone number: _____
2. In a week, how often does your child play with other preschool children? _____
3. In what ways do you think your child would benefit from Prekindergarten? _____

4. Did your child attend Prekindergarten last year? Yes No If yes, where? _____
5. Is this your neighborhood school? Yes No
 If no, please explain your reasons for applying to this school _____

6. Does your child have any special needs, medical conditions, or behaviors of which the school staff should be aware?
 Yes No
 If yes, please explain _____

7. Do you have any concerns about your child's development? Yes No
 If yes, please explain _____

8. Have you been referred to Prekindergarten by a partner agency such as:
 Public Health Medical Clinic Social Services KidsFirst
 Family Futures ECIP Other: _____
 No referral was made
9. Prekindergarten engages parents through home visits, family events, parent education, ongoing conversations and class participation. How would you like to be engaged in Prekindergarten? _____

10. When would you be comfortable with a home visit by the Teacher and EA?
 Morning Afternoon Other, please explain _____
11. Where will your child be attending Kindergarten? _____

SIGNATURE REQUIRED

I hereby declare that I have read and understood the information contained on this Prekindergarten Application Form and that the information I have provided is correct. I understand it is my responsibility to inform the school of any changes to the information contained on this form.

 Date

 Signature of Parent or Guardian