Families of children accepted to a Prekindergarten program will be notified by their child's teacher by September 18, 2020



Prekindergarten Application 2020 – 2021

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

Prekindergarten Programs

- Prekindergarten is an early intervention, prevention program.
- Prekindergarten is not a universal program for all 3 and 4 year olds. Space is limited.
- Prekindergarten is a targeted program for our most vulnerable or at risk 3 and 4 year old children and their families.

STUDENT PERSONAL INFORMATION

Child's Legal Name:	Surname		<u> </u>	First Name		Middle Nome (s)	
	Surname			First Name	Male	Middle Name (s)	
Date of Birth:	Month/Day/Year	Age:		Gender:	Female Unspecified	Grade:	
House/Apt#:	Street:		City: _		Pos	tal Code:	
Mailing Address (if diff	ferent from above):				_		
Land Location (For Run	ral Students): Quarter		Section:	Township: _	Range:	Meridian:	
Home Phone:							

PARENT OR GUARDIAN INFORMATION

PARENT OR GUARDIAN INFORMATION

Relationship:	Father Step-father	Mother Step-mother	Guardian	Relationship:	Father Step-father	Mother Step-mother	Guardian
Name:	Surname	First N	Name	Name:	Surname	First M	Name
Does student live	with you?	Yes	No	Does student liv	ve with you?	Yes N	0
Employer/School	:			Employer/Scho	ol:		
Cell:				Cell:			
Email:				Email:			
•	your current educat 1 or lower	ion levels and ag Grade 12			your current edu e 11 or lower	ucation levels and Grade 12	• •
College	/Technical	University	у	Colle	ge/Technical	Universit	у
Age Range:	15 - 20	21 - 25	26+	Age Range:	15 - 20	21 - 25	26+

CHILD'S FIRST LANGUAGE (please list all languages spoken in your home)

First Language:				Second Language:			
FIRST NAT	FIONS INUIT ANI) MÉTIS	(voluntary se	lf-declaration)			
First I	Nations Status	First Natio	ons Non-Status	Inuit		Metis	
Do you live on	a reserve: Y	es	No	Status #:			
Reserve Name	:			House #:	Street Nar	ne:	
SIBLINGS	INFORMATION (Please att	ach an additi	onal sheet to l	ist more than two sib	lings)	
Name:	Surname	Firs	t Name	Age:	School Attending:: _		
Name:	Surname	Firs	t Name	Age:	School Attending:: _		
Name:	Surname	Firs	t Name	Age:	School Attending:: _		
Name:	Surname		st Name	Age:	School Attending:: _		
CUSTODY Court Order	Should school admini	stration be	aware of any su	ch Court Order	ourt has issued a restraini for the protection of you e school administration.	r child? Yes No	
Foster Care	Is this student in foste	r care?	Yes No	If you answe	red Yes, please provide	the following information	
Foster Care Agency: Ministry		nistry of So	ocial Services		CFS (Indian Ch	ild and Family Services)	
Type of Foster	Care: Re	gular	Th	nerapeutic	Therapeutic Gro	oup	
Social Worker	's Name:]	Phone:		
EMERGEN	NCY INFORMATIO	ON (Parei	nts/guardians v	will always be	contacted first in the e	event of an emergency)	
Emergency Contact 1 (if parents are unavailable)		Nan	ne:		Home Phone:		
Emergency Co	ontact 1	Nan	ne:		Home Phone:		
(if parents and Emergency Contact 1 are unavailable)			rk Phone:		Cell:		

If you answered Yes, please provide details of the medical condition:		
 PERMISSION I give permission for my child 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
 occur. 2. Local Authority Freedom of Information Protection (LAFOIP). Please read the LAFOIP brochure. I give my 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.) The LAFIOP brochure is available at the school or online at www.srsd119.ca. (Click on Parent Information) 	Yes	No
Does your child attend child care, or any other early learning programs Yes No		
If yes, how often? Name of Program:		
In a week, how often does your child play with other preschool children?		
In what ways do you think your child would benefit from Prekindergarten?		
Did your child attend Prekindergarten last year: Yes No		
If yes, where? Is this your neighborhood school?	Yes	No
If no, please explain your reasons for applying to this school.		
Does your child have any special needs, medical conditions, or behaviours of which the school staff should be aware?	Yes	No
If yes, please explain		
What do you want us to know about your child?		
Have you been referred to Prekindergarten by a partner agency such as: Public Health Socia	al Services	
KidsFirst ECIP No referral was made Other:		
Prekindergarten engages parents through home visits, family events, parent education, ongoing conversations and participation. How would you like to be engaged in Prekindergarten?	class	
Participation in Family Events is an expectation of the Prekindergarten program.When would you be more able to Eveningthe school?MorningAfternoon	o attend ever	nts at

Yes

No

Does this student have a **severe** or **life threatening** medical condition?

Is there anything else you want us to know?

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