

Families of children accepted to a Prekindergarten program will be notified by their child's teacher by September 15



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

Prekindergarten

Application School:

- 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 First Name Middle Name(s)

Date of Birth: Month/Day/Year Age Gender: Male Female Unspecified Grade: Pre-K

House/Apt#: Street: City: Postal Code:

Mailing Address (if different from above):

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

Home Phone:

PARENT OR GUARDIAN INFORMATION

Relationship: Father Mother Guardian

Other Relationship:

Name: Surname First Name

Does student live with you? Yes No Other

Employer/School:

Cell:

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+

PARENT OR GUARDIAN INFORMATION

Relationship: Mother Father Guardian

Other Relationship:

Name: Surname First Name

Does student live with you? Yes No Other

Employer/School:

Cell:

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+

CITIZENSHIP INFORMATION

Canadian Other - please specify: Country of Birth:

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

First Language: Second Language:

FIRST NATIONS, INUIT AND METIS (voluntary self-declaration)

First Nations Status First Nations Non-Status Inuit Metis

Do you live on a reserve? Yes No Status#:

Reserve Name: House#: Street Name:

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

Name: Surname First Name Age: School Attending:

CUSTODY INFORMATION

Court Order In rare instances a child may be designated as "Protected" if a court has issued a restraining order. Yes No
 Should school administration be aware of any such Court Order for the protection of your child?
 If 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: ICFS (Indian Child and Family
 Type of Foster Care: Regular Therapeutic Services) Therapeutic Group:
 Social Worker's Name: Phone:

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

Emergency Contact 1 Name: Home Phone:
 (if parents unavailable) Work Phone: Cell Phone:

Emergency Contact 2 Name: Home Phone:
 (if parents and Emergency Contact 1 are unavailable) Work Phone: Cell Phone:

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 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
- Local Authority Freedom of Information Protection (LAFOIP). Please read the LAFOIP brochure.** Yes No
 I give my permission for my child's personal information (name, grade, school), photo/video, video recording, including virtual learning opportunities, media release, media internal and external, social media permission 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, in this school year and beyond. (An example - the publication of your child's picture in the local newspaper or social media.)

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

My child attends licensed childcare. Yes No

Name of Program:

Did your child attend Prekindergarten last year? Yes No

If yes, where?

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.

Does your child have any allergies or food restrictions?

Have you been referred to Prekindergarten by a partner agency such as:

KidsFirst ECIP Social Services Public Health Other

Participation in Family Events is an expectation of the Prekindergarten program. Yes No

Do you or another caregiver commit to participating in these events with your child as often as possible?

Are any of your child's family members absent from the home for long periods of time? Yes No

Has there been any impact in the family from a traumatic experience? Yes No

Is the family experiencing any financial need? Yes No

Is the family experiencing a health care crisis? Yes No

Is there limited extended family support? Yes No

Do you have any additional concerns/information regarding your child you would like us to be aware of? Please specify.

My child has difficulty or lack of experience with (check all that apply):

Social Skills (ability and opportunity to play with other children)

Please explain:

Communication (following directions, speaking clearly, using complete sentences)

Please explain:

Attention / Attending to Tasks (ability to focus on activities)

Please explain:

Motor Skills (running, jumping, holding a crayon, printing, doing up buttons)

Please explain:

IMPORTANT: Children who are not potty trained are welcome to attend Prekindergarten. However, most 3 and 4 year olds should be using the bathroom on their own or with some help. The use of diapers or pull ups with children in Prekindergarten will require a plan to move towards independence using the toilet. Children who are not ready to use the toilet for medical reasons will be fully supported. The dignity of all children will be respected during their journey towards independent use of the bathroom.

Toileting (going to the washroom): without help working on it needs help

Describe your child's personality and favourite activities.

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

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

LUNCHTIME EXPECTATIONS AT VINCENT MASSEY PUBLIC SCHOOL

Dear Parents / Guardians:

It is extremely important that we maintain a safe school environment at all times including the lunch break.

Our lunch time expectations are the following:

1. Students will eat lunch in their homerooms.
2. The classroom will be left clean and litter free.
3. Respect will be demonstrated by everyone.
4. Supervision will be provided at all times and guidance will be provided when necessary.
5. Nuts and nut based products will be kept out of the school for the safety of students and staff.
6. Students who eat their lunch at school MUST stay on school property during the entire lunch break. If required, Permission to leave MAY be granted by classroom teacher or school administration.

If a student is unable to meet the above expectations, they will lose lunch privileges and alternate arrangements will have to be made.

Thank you for your cooperation.

I have read the above information with my child and understand that they may be asked to find alternate arrangements if the lunch expectations are not followed.

Parent/Guardian Signature

VINCENT MASSEY PUBLIC SCHOOL NUTRITION PROGRAM

Dear Parents/Guardians

As part of the Nutrition Program at Vincent Massey Public School we offer a nutritional breakfast each day, sponsored by Breakfast Club of Canada, to all students in PreK - Grade 8. We will serve nutritious foods from the Canada Food Guide such as fruit, vegetables, milk, cheese, crackers and baked goods.



To prevent any allergic reactions, we need to know if your child has any food allergies or any other condition which affects the food he/she can eat. We will provide an alternate snack for these children.

Please specify ALLERGIES only:

MILK:

NO, my child is not allergic to milk

YES, my child is allergic to milk

FOOD:

NO, my child does not have food allergies

YES, my child does have food allergies. These consist of:

NUTS: (peanuts, walnuts, almonds etc.) _____

GLUTEN: (wheat flour) _____

FRUIT or VEGETABLES (please specify): _____

EGGS: _____

Other Allergies (please specify): _____

Child's Name: _____

Classroom Teacher: _____

Parent/Guardian's Signature: _____

STUDENT TRANSPORTATION IN PRIVATE VEHICLES

Background

In certain circumstances, the transportation of students may be provided using private vehicles. The school principal is responsible for the administration of this policy.

Procedures

1. The use of private vehicles for transporting students on approved school sponsored activities should occur only when commercial sources of transportation are not available and when the principal deems the former mode of transportation unsuitable.
 2. The Board cannot place primary insurance on a vehicle that it does not own, rent or lease. A minimum personal liability insurance coverage of \$2,000,000 must be carried on each private vehicle used to transport students on school approved trips.
 3. A parental consent form signed by the parents must be obtained for each student to be transported by private motor vehicle. One consent form may cover a series of trips.
 4. Students representing their school at extra-curricular activities (i.e. sports, band) shall be transported in school-approved transportation or by their own parents. Parents shall advise the principal in advance of the activity if the student is not traveling with the rest of the students. Students who disregard this provision shall be prohibited from participating in the activities.
 5. The number of persons transported in any one private vehicle may not exceed the insured passenger capacity rating of that vehicle (i.e., the number of seatbelts provided in the vehicle).
 6. All drivers transporting students in private vehicles shall provide the Principal/designate with a copy of a valid Driver's License and a signed application for driver authorization.
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PARENTAL CONSENT FORM

Saskatchewan Rivers Public School Division Administrative Procedure 735, Student Transportation in Private Vehicles requires a parental consent form be completed when private vehicles are used for transportation.

Declaration:

I _____ Parent/Guardian of _____
hereby give permission for my son/daughter to be transported in a private vehicle.

**Signature of
Parent (or) Guardian**

Date

Principal's Signature

Date

Consent and Authorization:

I have read and understand all of the information and consent form. I consent to the participation of my child in all team activities. I give consent for my child to accompany the team as a member on out of town trips and will not hold the school responsible in case of accident or injury whether it is en-route to or from another school, practice, competition, or any school event. If I cannot be reached in the event of an emergency, I also give consent and authorize the school to obtain medical care as is reasonably necessary for the welfare of my child if he/she is injured in the course of school activities

Parent/Guardian Signature