

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



Prekindergarten Application

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 First Name Middle Name (s)

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

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

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+

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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 MÉTIS (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: _____ Age: _____ School Attending: _____
Surname First NameName: _____ Age: _____ School Attending: _____
Surname First NameName: _____ Age: _____ School Attending: _____
Surname First NameName: _____ 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 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 Services)

Type of Foster Care: Regular Therapeutic 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 are unavailable)

Work Phone: _____ Cell: _____

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

Work Phone: _____ Cell: _____

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

1. 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
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, 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.) Yes No

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

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 Social Services

KidsFirst ECIP No referral was made Other: _____

Prekindergarten engages parents through home visits, family events, parent education, ongoing conversations and class participation. How would you like to be engaged in Prekindergarten? _____

Participation in Family Events is an expectation of the Prekindergarten program. When would you be more able to attend events at the school? Morning Afternoon Evening

Does your child have any allergies or food restrictions? _____

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