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 5) 764-1571 Fax: (306) 763-4460

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 PERS	ONAL INFO	RMATION	I				
Child's Legal Name: Surname			First Name		Middle Name (s)		
Date of Birth:				Gender:	Male Female Unspecified	Grade: Pre-K	
House/Apt#:	Street: _			City:	Post	al Code:	
Mailing Address (if dif	ferent from abo	ve):			_		
Land Location (For Ru	ral Students):	Quarter:	Section: _	Township: _	Range:	Meridian: _	
Home Phone:							
Program of Study:		Regular Er	nglish	Cree Language Pro	ogram		
PARENT OR GU Relationship:	Father Relations	Mother	Guardian	Relationship:	Father	INFORMATION Mother Gua ship:	ırdiar
Name: Sur	name	First 1	Name	Name:	Surname	First Name	
Does student live with	you?	Yes	No	Does student live w	vith you?	Yes No	
Employer/School:				Employer/School:			
Cell:				Cell:			
Email:				Email:			
Please indicate your c Grade 11 or l		n levels and ag Grade 12			ur current educa or lower	ation levels and age ra Grade 12	ange
College/Tech	nical	University	ý	College/	Γechnical	University	
Age Range:	15 - 20	21 - 25	26+	Age Range:	15 - 20	21 - 25	26+

CITIZENSHIP INFORMATION Canadian Other – please specify: Country of Birth:					Country of Birth:
	FIRST LANGU	4	C		in your home)
FIRST NAT	TIONS INUIT	AND MÉTIS	(voluntary se	lf-declaration)	
Firs	t Nations Status	First Natio	ons Non-Status	Inuit	Metis
Do you live on	a reserve?	Yes	No	Status #:	
Reserve Name				House #:	Street Name:
SIBLINGS	INFORMATIO	ON (Please att	ach an additi	onal sheet to l	ist more than four siblings)
Name:	Surname	Firs	t Name	Age:	School Attending:
Name:	Surname	Firs	t Name	Age:	School Attending:
					School Attending:
	Surname	Firs	t Name		
Name:	Surname	Firs	t 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. 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 answe	red Yes, please provide the following information
Foster Care Ag	gency:	Ministry of So	ocial Services		ICFS (Indian Child and Family Services)
Type of Foster	Care:	Regular	Th	erapeutic	Therapeutic Group
Social Worker's Name: Phone:				Phone:	
EMERGEN	NCY INFORMA	ATION (Parer	nts/guardians v	will always be	contacted first in the event of an emergency)
Emergency Contact 1		Nan	ne:		Home Phone:
(if parents are una	vailable)	Wor	rk Phone:		Cell:
Emergency Contact 2 (if parents and Emergency Contact 1 are unavailable)		Nan	ne:		Home Phone:
			rk 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). <i>Please read the LAFOIP brochure</i> . 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 Soci	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?		
Participation in Family Events is an expectation of the Prekindergarten program. When would you be more able the school? Morning Afternoon Evening	to attend ever	nts at

Does your child have any allergies	or food restrictions?
Is there anything else you want us	to know?
SIGNATURE REQUIRED	
	d understood the information contained on this Prekindergarten Application Form and that the ct. I understand it is my responsibility to inform the school of any changes to the information
Date	Signature of Parent or Guardian