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**CITIZENSHIP INFORMATION**

Canadian

Other – please specify: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

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

First Language: \_\_\_\_\_

Second Language: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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

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**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: \_\_\_\_\_

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**EMERGENCY INFORMATION** (Parents/guardians will always be contacted first in the event of an emergency)Emergency Contact 1  
(if parents are unavailable)

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Emergency Contact 2  
(if parents and Emergency Contact 1 are unavailable)

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_

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## 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.* 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](http://www.srsd119.ca). (Click on Parent Information)*

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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? \_\_\_\_\_  
\_\_\_\_\_

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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? \_\_\_\_\_

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**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