

**Families of children accepted to a Prekindergarten program  
will be notified by their child's teacher by September 13, 2019**



## Prekindergarten Application 2019-2020

**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

### PERSONAL INFORMATION

Child's Legal Name: \_\_\_\_\_  
Surname First Name Middle Name(s)  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: ☐ Male ☐ Female  
Month / Day / Year  
House/Apt#: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_  
Mailing Address (if different from above): \_\_\_\_\_  
Land Location (for Rural Students): Quarter: \_\_\_\_ Section: \_\_\_\_ Township: \_\_\_\_ Range: \_\_\_\_ Meridian: \_\_\_\_  
Postal Code: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

### PARENT OR GUARDIAN INFORMATION

Relationship: ☐ Father, ☐ Mother ☐ Guardian  
☐ Step-father ☐ Step-mother

Name: \_\_\_\_\_  
Surname First Name

Does this child live with you? ☐ Yes ☐ No

Employer/School: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

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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### CHILD'S FIRST LANGUAGE:

Please list all languages spoken in your home:

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

### FIRST NATIONS, INUIT AND MÉTIS (voluntary self-declaration) First Nations

☐ Status ☐ First Nations Non-Status ☐ Inuit ☐ Métis

Do you live on a reserve? ☐ Yes ☐ No Status No.: \_\_\_\_

Reserve Name: \_\_\_\_\_ House #: \_\_\_\_\_

Reserve 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 Name

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_  
Surname First Name

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_  
Surname First Name

Name: \_\_\_\_\_ 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 you answered 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 ☐ CFS (Indian Child and Family Services) ☐

Type of Foster Care: Regular ☐ Therapeutic ☐ Therapeutic Group ☐

Social Worker's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Saskatchewan Hospitalization Number: \_\_\_\_\_

Emergency Contact 1 Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
(if parents are unavailable)

Work Telephone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Emergency Contact 2 Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
(if parents and Emergency Contact 1 are unavailable)

Work Telephone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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**

- I give permission for my son/daughter 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. I give 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.) Yes ☐ No ☐

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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1. Does your child attend child care, preschool, or any other early learning programs? ☐ Yes ☐ No  
If yes, how often? \_\_\_\_\_ Name of program(s): \_\_\_\_\_  
Program's phone number: \_\_\_\_\_
2. In a week, how often does your child play with other preschool children? \_\_\_\_\_
3. In what ways do you think your child would benefit from Prekindergarten? \_\_\_\_\_  
\_\_\_\_\_
4. Did your child attend Prekindergarten last year? ☐ Yes ☐ No If yes, where? \_\_\_\_\_
5. Is this your neighborhood school? ☐ Yes ☐ No  
If no, please explain your reasons for applying to this school \_\_\_\_\_  
\_\_\_\_\_
6. Does your child have any special needs, medical conditions, or behaviors of which the school staff should be aware?  
☐ Yes ☐ No  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
7. Do you have any concerns about your child's development? ☐ Yes ☐ No  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
8. Have you been referred to Prekindergarten by a partner agency such as:  
☐ Public Health ☐ Medical Clinic ☐ Social Services ☐ KidsFirst  
☐ Family Futures ☐ ECIP ☐ Other: \_\_\_\_\_  
☐ No referral was made
9. Prekindergarten engages parents through home visits, family events, parent education, ongoing conversations and class participation. How would you like to be engaged in Prekindergarten? \_\_\_\_\_  
\_\_\_\_\_
10. When would you be comfortable with a home visit by the Teacher and EA?  
☐ Morning ☐ Afternoon ☐ Other, please explain \_\_\_\_\_
11. Where will your child be attending Kindergarten? \_\_\_\_\_
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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