



**APPLICATION FOR
PRE-KINDERGARTEN PROGRAM**
Lake Vista Public School

Pre-Kindergarten is for children who will be three or four years old by December 31
Please note: transportation is not provided for Pre-K students in Martensville.
Application deadline: **Friday, May 26, 2017**

Child's Full Name: _____
first middle last

Name used, if not first name: _____ **Gender: M F** (circle one)

Birth Date: _____ **Age:** _____ **Saskatchewan Health Number:** _____
year month day

Street Address: _____ **Home Telephone:** _____

Mailing address (if Post Office box): _____ **Postal Code:** _____

Land Location (if applicable): _____ **Email Address:** _____

Father's Name (Guardian): _____

Mother's Name (Guardian): _____

Optional Ancestry Declaration: First Nations Métis Inuit Non-Aboriginal

Number of siblings: _____ **Place in family:** (e.g., youngest, oldest) _____

1. Tell us about your child:

My child is good at _____

My child has difficulty with _____

2. My child has delays with: (please check all that apply)

_____ **Communication** – following directions, speaking clearly, expressions using complete sentences

_____ **Social skills** – taking turns, playing with others, sharing

_____ **Motor skills** – big movements (e.g., running, jumping) and small movements (e.g., holding a crayon, doing up buttons)

3. My child is potty trained: Yes ___ No ___ In Process ___

4. My child has attended preschool before: Yes ___ No ___

5. Public Health recommended my child be seen by:

___ Speech and Language Pathologist

___ Child Psychologist

6. My child has been seen by:

Date of First Visit

Frequency of Visits

___ Speech and Language Pathologist

___ Child Psychologist

7. Additional Comments: _____

For the purpose of selection into the Pre-Kindergarten Program at Lake Vista Public School, I authorize the exchange of information between Prairie Spirit School Division and the following Saskatoon Health Region contacts:

___ Speech and Language Pathologist

___ Early Childhood Psychologist

___ Parent Mentoring Program

___ Public Health Nurse

___ Other _____

Signature of Parent/Guardian

Witness

Date

Forward completed form to one of the following:

- Mr. Chris Mason, Principal, Lake Vista Public School, chris.mason@spiritsd.ca
c/o Prairie Spirit School Division, Box 809, 121 Klassen Street East, Warman, SK S0K 4S0
- Ms Luisa Giocoli, Principal, École Holy Mary Catholic School, lgiocoli@gscs.ca
c/o Greater Saskatoon Catholic Schools, 420 22 St E, Saskatoon, SK S7K 1X3
- Valley Manor Elementary School, Box 10, 200 - 8th Avenue South, Martensville, SK S0K 2T0
- Venture Heights Elementary School, Box 1000, 801 - 6th Street North, Martensville, SK S0K 2T2

You will be contacted by **Friday, June 9**, regarding your child's application.