



APPLICATION FOR PRE-KINDERGARTEN PROGRAM

Application deadline: **May 31, 2019**



Saskatchewan's Pre-Kindergarten programs admit children based on eligibility criteria. It is important to share as much information about your child's growth and development as possible. Pre-Kindergarten is for children who will be three or four years old by December 31st. There are 16 spaces available in the Pre-K program.

Submitting this application does not guarantee your child's enrollment in the program. You will be contacted by the school and/or the school division regarding your child's application. Thank you for completing this **confidential** application form.

Child's Legal Name: _____
Last Name First Name

Name used, if not first name: _____ Gender: Male Female (circle one)

Birth Date: _____ Age: _____ Sask. Health Number: _____
MM DD YYYY

Neighbourhood school: _____

Family Information

Name:	Name:
Relationship:	Relationship:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Home Address: (Street, City, Province, Postal Code)	Home Address: (Street, City, Province, Postal Code)
Mailing Address: (if different from above)	Mailing Address: (if different from above)
Land Location: (Quarter, Section, Township, Range, Meridian, River Lot)	Land Location: (Quarter, Section, Township, Range, Meridian, River Lot)
Email:	Email:

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

Sibling's Name: _____ Age/Grade: _____ School: _____
Last First

Sibling's Name: _____ Age/Grade: _____ School: _____
Last First

Sibling's Name: _____ Age/Grade: _____ School: _____
Last First

Has any other child(ren) in the family attended Pre-Kindergarten? Yes No

Do you require interpretive services? Yes No

- Does your child attend or receive support from:
- | | |
|--|---|
| <input type="checkbox"/> KidsFirst | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Licensed Child Care | <input type="checkbox"/> Speech and Language Pathologist |
| <input type="checkbox"/> Early Childhood Intervention Program (ECIP) | <input type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> Preschool/Playschool | <input type="checkbox"/> Early Childhood Psychologist |
| <input type="checkbox"/> Aboriginal Head Start | <input type="checkbox"/> Autism Consultant or Resource Centre |

Other (please list): _____

Saskatchewan's Pre-Kindergarten Program Eligibility Criteria

This application will be reviewed by a selection committee. Children will be accepted into the Pre-Kindergarten program based on the following criteria guidelines:

	Yes	No	Unknown
Is your child experiencing speech or language difficulties? <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child experiencing challenges with social, emotional development? <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have little or no opportunity for contact with other children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a language other than English most commonly used in the home? <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child currently living with one parent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your child's family members absent from the home for long periods of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are either of your child's parents under the age of 23?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does either of your child's parents have less than a high school education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has there been any impact in the family from a traumatic experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the family experiencing financial need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the family experiencing a health care crisis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there limited extended family support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any additional concerns/information regarding your child you would like us to be aware of? <i>Please specify:</i>			

The Prairie Spirit Pre-Kindergarten brochure is available online (www.spiritsd.ca) and provides a list of schools and contact information.

Signature of Parent/Guardian

Date