**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: О** First Nations **О** Métis **О** Inuit **О** 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.