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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Name: | | |  | | | | | | | | |  | | | | Date: |  | |
| Birthdate:  (Proof of age is required  – birth certificate) | | | | |  | | | | | Age at Referral: | | |  | | | Telephone (home): |  | |
| Parent(s)/Guardian(s): | | | | | |  | | | | | | | | | |
| Address  (Including land description if rural): | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | Cell phone: | |  |
| Siblings: | \_\_\_\_\_\_\_\_\_\_ # younger  \_\_\_\_\_\_\_\_\_\_\_ # older | | | | | | | | School(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Telephone (work): |  | |
|  | |
| Bussing Required: \_\_\_\_\_\_ Yes \_\_\_\_\_ No Daycare Address:  (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |  |
| Emergency Residence  (in case parent/guardian can’t be reached) | | | | | |  | | | | | | | | | | | | |
| Name Address Phone | | | | | | | | | | | | |
| Has your child been receiving services such as:  **PLEASE PROVIDE REPORTS** | | | | | | | \_\_\_ Public Health  \_\_\_ Speech/Language Pathologist  \_\_\_ Physio Therapist  \_\_\_ Occupational Therapist  \_\_\_ Kinsmen Children Centre (Alvin Buckwald)  \_\_\_ TIPS (Therapeutic Integrated Pediatric Services) | | | | | | | \_\_\_ Early Childhood Psychologist  \_\_\_ Kids First  \_\_\_ Early Childhood Services (ECIP)  \_\_\_ Family Doctor  \_\_\_ Autism Services  \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Do you consent to the sharing of information between these agencies and the school? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_**  Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |
| J.H. Moore Jubilee Lakeview Pierceland Ratushniak St. Walburg Turtleford | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | |  | |
| **Agency Referral (only when an agency is referring child):** | | | | | | | | | | | | | | | | | | |
| Agency: | |  | | | | | | | | | Agency Phone #: | | | |  | | | |
| Agent: | |  | | | | | | | | | Length of time associated with: child/family: | | | |  | | | |
| Reason for Referral: | |  | | | | | | | | | Frequency and intensity of contact: | | | |  | | | |
| Diagnosis:  (if available) | |  | | | | | | | | | Describe  child/family needs: | | | |  | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Referring Agent Position | | | | | | | | | | | | | | | | | | |

Students will be considered for admission based on the following vulnerable circumstances and other applicable information. **FAMILY/STUDENT information is collected by Northwest School Division to assist in program and enrolment decisions. Information is considered confidential and does not remain in a student’s file beyond their pre-kindergarten year.**

\_\_\_\_\_\_\_\_ Family has low socio-economic status

\_\_\_\_\_\_\_\_ Primary caregiver has less than a high school education

\_\_\_\_\_\_\_\_ Home language is other than English

\_\_\_\_\_\_\_\_ Referral by other agencies

\_\_\_\_\_\_\_\_ Only one parent in the home or frequent parent absence

\_\_\_\_\_\_\_\_ Child/family isolation / lack of family support system

\_\_\_\_\_\_\_\_ Child experiencing difficulties in speech or language

\_\_\_\_\_\_\_\_ Child experiences social-emotional difficulties

\_\_\_\_\_\_\_\_ Traumatic experience within or impacting the family/child

1. Do you have any specific concerns or information regarding your child that we need to be aware of?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you been referred to prekindergarten by a partner agency such as Public Health, a Medical Clinic,

Social Services, KidsFirst, or other? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you or your partner (a) attending school, and/or (b) working outside of the home?

Mother: Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_ Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father: Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_ Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please indicate your current education levels and age range.

Mother: Grade 11 or lower \_\_\_ Grade 12 \_\_\_ College/Technical \_\_\_ University \_\_\_\_

Age Range: 15-20 \_\_\_\_ 21-25 \_\_\_\_ 26+ \_\_\_\_\_\_\_\_\_

Father: Grade 11 or lower \_\_\_\_ Grade 12 \_\_\_ College/Technical \_\_\_\_ University \_\_\_\_

Age Range: 15-20 \_\_\_\_\_ 21-25 \_\_\_\_ 26+ \_\_\_\_\_\_\_\_\_

1. What is your child’s first language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other languages spoken in the home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is your child toilet trained? Yes \_\_\_\_ No \_\_\_\_\_\_ In progress \_\_\_\_\_\_
2. With whom does the child live? Mother \_\_\_ Father \_\_\_ Other \_\_\_ if other, please explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your child attend preschool, child care or early intervention programs?

Yes \_\_\_\_\_ No \_\_\_\_\_\_\_ If yes, how often \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In a week, how often does your child play with other preschool children? \_\_\_\_\_\_\_\_\_\_\_\_\_
2. In what ways do you believe your child would benefit from PreKindergarten?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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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1. When would home visits from the Prekindergarten Interventionist or Teacher be most convenient?

Morning \_\_\_\_\_\_\_\_\_ Afternoon \_\_\_\_\_\_\_\_\_\_ If other, please explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Questions: