



Pre-Kindergarten Program Referral Form



Child's Name: _____		Male / Female (please circle)	Date: _____
Birthdate: _____	Age at Referral: _____	SHS/Treaty # _____	Reserve: _____
Parent(s)/Guardian(s): _____			Telephone (home): _____
Address: _____			Telephone (work): _____
Child lives with:	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Guardian	Siblings: _____ # younger _____ # older	School(s) _____ _____ Language spoken other than English: _____

Emergency Residence (in case parent/guardian can't be reached)

Name	Address	Phone
_____	_____	_____

Has your child been receiving special services such as:

<input type="checkbox"/> Public Health	<input type="checkbox"/> Speech/Language Pathologist	<input type="checkbox"/> Early Childhood Psychologist
<input type="checkbox"/> Physio Therapist	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Kids First
<input type="checkbox"/> Kinsmen Children Centre (Alvin Buckwald)	<input type="checkbox"/> TIPS (Therapeutic Integrated Pediatric Services)	<input type="checkbox"/> Early Childhood Services (ECIP)
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Family Doctor
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Other _____

Agency Referral (only when an agency is referring child):

Name of Agency: _____	Agency Phone #: _____
Referring Agent: _____	Length of time associated with: _____
Reason for Referral: _____	Frequency and intensity of contact: _____
Diagnosis: (if available) _____	Describe child/family needs: _____

I have _____ I have not _____ discussed my referral to Meadow Lake Early Childhood Services with the child's parent(s)/guardian(s).

_____ Signature of Referring Agent	_____ Position
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Parental/Guardian Referral

Name of referring Parent/Guardian: _____	Relationship to Child: _____
Reason for Referral: _____	Diagnosis: (if available) _____
Parent/Guardian Signature: _____	