Administrative Procedure Form 300 Appendix A

Pre-Kindergarten Program Application Form

Child's Name: _____ Date: _____

Birthdate: _____ 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

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