|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Has your child been receiving specialservices 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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) |  | Describechild/family needs: |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Referring Agent Position |

Students will be considered for admission based on the following vulnerable circumstances and other applicable information.

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

\_\_\_\_\_\_\_\_ Mother has less than a high school education

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

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

\_\_\_\_\_\_\_\_ Lone parent

\_\_\_\_\_\_\_\_ Child/family isolation

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

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

\_\_\_\_\_\_\_\_ Family crisis

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. Does your child need help with toileting? Yes \_\_\_\_ No \_\_\_\_\_\_\_
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?

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

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

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

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

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

Additional Questions: