

Pre-Kindergarten Program Application Form



Child's Name: _____ Birthdate: _____ Age at Referral: _____ Parent(s)/Guardian(s): _____ Address (Including land description if rural): _____ Siblings: _____ # younger School(s) _____ _____ # older _____	Date: _____ Telephone (home): _____ Cell phone: _____ 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:

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

PLEASE PROVIDE REPORTS

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

Criteria for Prekindergarten



Laying the foundation for success ...
One student at a time.

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?

2. Have you been referred to prekindergarten by a partner agency such as Public Health, a Medical Clinic, Social Services, KidsFirst, or other? _____

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

Mother: Yes _____ No _____ Place: _____

Father: Yes _____ No _____ Place: _____

4. 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+ _____

5. What is your child's first language: _____

Other languages spoken in the home: _____

6. Is your child toilet trained? Yes _____ No _____ In progress _____

Criteria for Prekindergarten



Laying the foundation for success ...
One student at a time.

7. With whom does the child live? Mother ___ Father ___ Other ___ if other, please explain.

8. 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.

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

Yes _____ No _____ If yes, how often _____

10. In a week, how often does your child play with other preschool children? _____

11. In what ways do you believe your child would benefit from PreKindergarten?

12. Prekindergarten engages parents through home visits, family events, parent education, ongoing conversations and class participation. How would you like to be engaged in Prekindergarten?

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

Morning _____ Afternoon _____ If other, please explain.

Additional Questions: