



## APPLICATION FOR PRE-KINDERGARTEN PROGRAM

Clavet Composite School

For children who will be three years old by September 1 or four years old by December 31  
Maximum Enrolment = 16

You will be contacted by Thursday, June 20, 2019 regarding your child's application.

Forward completed forms to: Mr. Brian Matisz, Principal, Clavet Composite School

Application deadline: Friday, May 24, 2019

**\*\*PLEASE NOTE IT IS VERY IMPORTANT THAT THE INFORMATION BELOW IS COMPLETE\*\***

Child's Full Name: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Saskatchewan Health Number: \_\_\_\_\_

Optional Ancestry Declaration:  First Nations  Métis  Inuit  Non-Aboriginal

Mother		Father	
Name:		Name:	
Age:		Age:	
Home Phone:	Work Phone:	Home Phone:	Work Phone:
Email:		Email:	
Mailing Address and Legal Land Description: <i>(including postal code)</i>		Mailing Address and Legal Land Description: <i>(if different from Mother)</i>	

Number of Siblings: \_\_\_\_\_ Place in Family: *(e.g., youngest, oldest)* \_\_\_\_\_

**1. Tell us about your child:**

My child is good at \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My child has difficulty with \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. My child displays developmental delays with:** *(please check all that apply)*

\_\_\_\_\_ **Communication** – following directions, speaking clearly, expressions using complete sentences

\_\_\_\_\_ **Social skills** – takes turns, playing with others, shares

\_\_\_\_\_ **Attending to tasks**

\_\_\_\_\_ **Motor skills** – big movements (e.g., running, jumping) and small movements (e.g., holding a crayon, doing up buttons)

**3. My child is potty trained:** Yes \_\_\_\_\_ No \_\_\_\_\_ In Process \_\_\_\_\_

**4. My child has attended preschool before:** Yes \_\_\_\_\_ No \_\_\_\_\_

**5. My child has been seen by:**

	Date of First Visit	Goals identified
_____ Speech and Language Pathologist	_____	_____
_____ Child Psychologist	_____	_____
_____ Mental Health	_____	_____
_____ Public Health	_____	_____
_____ Foster Care	_____	_____

**6. Additional Comments:** *(please include any child custody information)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For the purpose of selection into the Pre-Kindergarten Program at Clavet Composite School, I authorize the exchange of information between Prairie Spirit School Division and the following Saskatoon Health Region contacts:**

\_\_\_\_\_ Speech and Language Pathologist \_\_\_\_\_ Early Childhood Psychologist

\_\_\_\_\_ Parent Mentoring Program \_\_\_\_\_ Public Health Nurse

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**