



APPLICATION FOR PRE-KINDERGARTEN PROGRAM

Saskatchewan's Pre-Kindergarten programs admit children based on eligibility criteria. It is important to share as much information about your child's growth and development as possible. For the 2019/20 school year, children born in 2015 or 2016 are eligible to apply for the Pre-K program at their local school. There are 16 spaces available in the Pre-K program.

Submitting this application does not guarantee your child's enrollment in the program. You will be contacted by the school and/or the school division regarding your child's application. Thank you for completing this **confidential** application form.

Child's Legal Name: _____
Last Name *First Name*

Name used, if not first name: _____ Gender: Male Female Unspecified

Birth Date: _____ Age: _____ Sask. Health Number: _____
MM *DD* *YYYY*

Neighbourhood school: _____

Family Information	
Name:	Name:
Relationship:	Relationship:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Home Address: <i>(Street, City, Province, Postal Code)</i>	Home Address: <i>(Street, City, Province, Postal Code)</i>
Mailing Address: <i>(if different from above)</i>	Mailing Address: <i>(if different from above)</i>
Land Location: <i>(Quarter, Section, Township, Range, Meridian, River Lot)</i>	Land Location: <i>(Quarter, Section, Township, Range, Meridian, River Lot)</i>
Email:	Email:
Number of Siblings: _____ Place in family: <i>(e.g., youngest, oldest)</i> _____	
Sibling's Name: _____ Age/Grade: _____ School: _____ <i>Last</i> <i>First</i>	
Sibling's Name: _____ Age/Grade: _____ School: _____ <i>Last</i> <i>First</i>	
Sibling's Name: _____ Age/Grade: _____ School: _____ <i>Last</i> <i>First</i>	
Has any other child(ren) in the family attended Pre-Kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require interpretive services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child attend or receive support from:	
<input type="checkbox"/> KidsFirst	<input type="checkbox"/> Social Services
<input type="checkbox"/> Licensed Child Care	<input type="checkbox"/> Speech and Language Pathologist
<input type="checkbox"/> Early Childhood Intervention Program (ECIP)	<input type="checkbox"/> Occupational Therapist
<input type="checkbox"/> Preschool/Playschool	<input type="checkbox"/> Early Childhood Psychologist
<input type="checkbox"/> Aboriginal Head Start	<input type="checkbox"/> Autism Consultant or Resource Centre
<input type="checkbox"/> Other (please list): _____	

Saskatchewan's Pre-Kindergarten Program Eligibility Criteria

This application will be reviewed by a selection committee. Children will be accepted into the Pre-Kindergarten program based on the following criteria guidelines:

	Yes	No	Unknown
Is your child experiencing speech or language difficulties? <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child experiencing challenges with social, emotional development? <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have little or no opportunity for contact with other children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a language other than English most commonly used in the home? <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child currently living with one parent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your child's family members absent from the home for long periods of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are either of your child's parents under the age of 23?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does either of your child's parents have less than a high school education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has there been any impact in the family from a traumatic experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the family experiencing financial need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the family experiencing a health care crisis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there limited extended family support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any additional concerns/information regarding your child you would like us to be aware of? <i>Please specify:</i>			

The Prairie Spirit Pre-Kindergarten brochure is available online (www.spiritsd.ca) and provides a list of schools and contact information.

Signature of Parent/Guardian

Date