



Application for Pre-Kindergarten Program
Greater Saskatoon Catholic Schools

School _____
Language _____

Students who are not Canadian Citizens must contact the Newcomer Registration Centre, 420-22nd ST E 306-659-7000

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 2023-2024 school year, children born in 2019 or 2020 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

Student

Legal Last name _____
Legal First Name _____
Legal Middle Name(s) _____
Preferred Last _____
Preferred First _____
Preferred Middle _____
Gender _____ Date of birth _____
Neighbouring School _____
Religion(Catholic or Non-Catholic) _____
Parish _____

Primary Phone _____ Cell Phone _____

Street Address _____
City _____ Prov _____ PC _____
Land Location _____
QS SEC RL TWSP REG MER

Mailing Address (if different than property address)
Street Address _____
RR Number/ PO Box _____
City _____ Prov _____ PC _____

Has your child ever been enrolled in a school in Saskatchewan? [] Yes [] No

If yes, please fill out which school your child previously attended.

Previous School Name _____ City _____

Does your child attend or receive support from:

- [] KidsFirst [] Aboriginal Head Start [] Early Childhood Intervention Program [] Hearing Specialist Autism Consultant or Resource Centre [] Social Services [] Speech and Language Pathologist [] Autism Consultant or Resource Centre [] Occupational Therapist [] Early Childhood Psychologist [] Licensed Child Care: _____ [] Kinsmen Children's Centre

Other Agencies or Programs (please list): _____

PARENT/GUARDIAN INFORMATION

Last, First name _____
Relationship _____
Emergency Priority (1,2,3) _____
Parent/Guardian [] Lives with student []
Emergency Contact (Y,N) [] Legal Guardianship []
Primary Phone _____ Cell Phone _____
Work Phone _____
E-mail Address _____

Property Address (if not living with student)
Street Address _____
City _____ Prov _____ PC _____
Land Location _____
QS SEC RL TWSP REG MER

Mailing Address (if different than student /property address)
Street Address _____
RR Number/ PO Box _____
City _____ Prov _____ PC _____

PARENT/GUARDIAN INFORMATION

Last, First name _____

Relationship _____

Emergency Priority (1,2,3) _____

Emergency priority is the order in which a parent/guardian will be called. Number 1 will be the first contacted.

Parent/Guardian Lives with student

Emergency Contact (Y,N) Legal Guardianship

Primary Phone _____ Cell Phone _____

Work Phone _____

E-mail Address _____

Property Address (if not living with student)

Street Address _____

City _____ Prov _____ PC _____

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Street Address _____

RR Number/ PO Box _____

City _____ Prov _____ PC _____

EMERGENCY CONTACT INFORMATION (Contact if parents can't be reached in order they are to be called)

Please provide at least one emergency contact that is different than those listed above under parent/guardians – no need to re-enter parents or guardians in this area.

Emergency Contact 1 _____ Primary Phone _____ Work Phone _____

Cell Phone _____ Relationship _____

Emergency Contact 2 _____ Primary Phone _____ Work Phone _____

Cell Phone _____ Relationship _____

Emergency Contact 3 _____ Primary Phone _____ Work Phone _____

Cell Phone _____ Relationship _____

SIBLING INFORMATION

Legal Last Name _____ Gender _____ Birthdate _____

MMM/DD/YYYY

Legal First Name _____ School _____ Relationship _____

Legal Last Name _____ Gender _____ Birthdate _____

MMM/DD/YYYY

Legal First Name _____ School _____ Relationship _____

Legal Last Name _____ Gender _____ Birthdate _____

MMM/DD/YYYY

Legal First Name _____ School _____ Relationship _____

MMM/DD/YYYY

STUDENT MEDICAL ALERTS

Description _____

OTHER STUDENT ALERTS- Health, family or other information

Description _____

Is your child's immunization up to date? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has your child's vision been checked? Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child's hearing been checked? Yes <input type="checkbox"/> No <input type="checkbox"/>	Can your child use the bathroom independently? Yes <input type="checkbox"/> No <input type="checkbox"/>

Are you concerned with your child's speech and/or language? Yes No

If yes, please explain: _____

I understand that a speech-language pathologist (SLP) from the Saskatchewan Health Authority OR Greater Saskatoon Catholic Schools is a part of the Pre-Kindergarten program. I agree that my child's hearing may be screened, and his/her speech and/or language skills may be assessed by the SLP and any written reports will be kept in my child's file with the school division. This information may also be shared with school staff for the purposes of supporting my child's learning and development.

Signature of Parent(s)/ Guardian(s) _____

Background Information for English Language Learnings: *(fill in this section if country of birth is other than Canada)*

Have you registered with Greater Saskatoon Catholic Schools through the Newcomer Registration Centre?

Language(s) spoken in the home: _____

Do you require interpretive services? Yes No

NEWCOMER STUDENT REGISTRATION (proof of legal status must be provided in order to register)

Last country student attended school _____

Permanent Resident Refugee Category Parent Work Permit expires _____
MMM/DD/YYYY

Study Permit (International Student Program) Parent Study Permit expires _____
MMM/DD/YYYY

Citizenship Country _____

Entry to Canada Date _____
MMM/DD/YYYY

Citizenship Country 2 _____

Citizenship Effective Date _____
MMM/DD/YYYY

Country of Birth _____

Home Language _____

Country of Origin _____

Home Language 2 _____

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

Is your child experiencing speech or language difficulties?

Yes No

Comments: _____

Is your child experiencing challenges with social, emotional development?

Yes No

Comments: _____

Does your child have little or no opportunity for contact with other children?

Yes No

Is a language other than English most commonly used in the home?

Yes No

Comments: _____

Are any of your child's family members absent from the home for long periods of time?

Yes No

Has there been any impact in the family from a traumatic experience?

Yes No

Is the family experiencing financial need?

Yes No

Is the family experiencing a health care crisis?

Yes No

Is there limited extended family support?

Yes No

Do you have any additional concerns/information regarding your child you would like us to be aware of? *Please specify:*

DECLARATION

I, the Undersigned, hereby represent that I have the legal authority to register the child. I declare the information that I have provided on this form is complete and accurate. I will notify the school of any changes to the information on this form.

Date _____

Signature of Parent/Legal Guardian _____

MMM/DD/YYYY

Note: Your child is not officially registered until legal documentation is brought directly to the school and verified by school personnel

OFFICE USE ONLY

Pupil Number _____

Ministry Student Number _____

Registration Date _____

Starting Date _____

Non-Catholic Student Declaration? Yes No

Met with Administrator Yes No

International Student(tuition paid?) Yes No

How was the student's name and birthdate verified?

Birth Certificate Baptismal Certificate Passport Status Card Immigration Papers/Permanent Resident Card

Other (Name of document) _____

Signature of School Official Verifying _____