 GREATER SASKATOON CATHOLIC SCHOOLS

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 2025-2026 school year, children born in 2021 or 2022 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 _____
MMM/DD/YYYY

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

[ ] Early Childhood Intervention Program

[ ] Speech and Language Pathologist

[ ] Early Childhood Psychologist

[ ] Aboriginal Head Start

[ ] Hearing Specialist Autism Consultant or Resource Centre

[ ] Autism Consultant or Resource Centre

[ ] Licensed Child Care:_____

[ ] Social Services

[ ] Occupational Therapist

[ ] Kinsmen Children's Centre

Other Agencies or Programs (please list):_____

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 _____

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_____

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Primary Phone _____   Cell Phone_____

Work Phone _____

E-mail Address _____

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Street Address _____

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City_____   Prov_____   PC _____

Land Location _____ _____ _____ _____ _____ _____
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Primary Phone _____   Cell Phone_____

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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_____

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 ☐ No ☐	Has your child's vision been checked? Yes ☐ No ☐
Has your child's hearing been checked? Yes ☐ No ☐	Can your child use the bathroom independently? Yes ☐ No ☐

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 Heath 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

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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_____