



**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 2022-2023 school year, children born in 2018 or 2019 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:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> KidsFirst                            | <input type="checkbox"/> Aboriginal Head Start                                   |  |
| <input type="checkbox"/> Early Childhood Intervention Program | <input type="checkbox"/> Hearing Specialist Autism Consultant or Resource Centre | <input type="checkbox"/> Social Services           |
| <input type="checkbox"/> Speech and Language Pathologist      | <input type="checkbox"/> Autism Consultant or Resource Centre                    | <input type="checkbox"/> Occupational Therapist    |
| <input type="checkbox"/> Early Childhood Psychologist         | <input type="checkbox"/> Licensed Child Care: _____                              | <input type="checkbox"/> 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 \_\_\_\_\_

**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 \_\_\_\_\_

**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 \_\_\_\_\_

**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 \_\_\_\_\_