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 2020-2021 school year, children born in 2016 or 2017 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  
  
Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Sask. Health Card Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  *MM DD YYYY***Date of Birth Verification:** 🞏 Birth Certificate 🞏 SK Health Card 🞏 Baptismal Certificate 🞏 Temporary/Permanent Resident Card  
   
  
Neighbouring School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Family Information** | | |
| Name: | Name: | |
| Relationship to Student: | Relationship to Student: | |
| Primary Phone: | Primary Phone: | |
| Secondary Phone: | Secondary Phone: | |
| Work Phone: | Work Phone | |
| Home Address: *(Street, City, Province, Postal Code)* | Home Address: *(Street, City, Province, Postal Code)* | |
| Mailing Address: *(if different from above)* | Mailing Address: *(if different from above)* | |
| Email: | Email: | |
| Student Resides with: 🞏 Two Parents 🞏 Mother 🞏 Father 🞏 Shared Custody 🞏 Foster Parent  🞏 Relative 🞏 Guardian | | |
| Number of Siblings: \_\_\_\_\_\_\_\_\_\_\_\_\_ Place in Family: (e.g. youngest, oldest) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sibling’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age/Grade: \_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   *Last First*   Sibling’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age/Grade: \_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Last First*   Sibling’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age/Grade: \_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Last First* | | |
| **Religion:** 🞏 Catholic Parish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Self Declaration of Aboriginal Identity:** 🞏 Status/Treaty 🞏 Metis 🞏 Non-Status 🞏 Inuit   Band Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Background Information for English Language Learners:** *(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? 🞏 Yes 🞏 No    Language(s) Spoken in the Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Do you require interpretive services? 🞏 Yes 🞏 No | | |
| Has any other child(ren) in the family attended Pre-Kindergarten? 🞏 Yes 🞏 No | | |
| Does your child attend or receive support from:  🞏 *KidsFirst* 🞏 *Aboriginal Head Start* 🞏 *Social Services*  🞏 *Early Childhood Intervention Program* 🞏 *Hearing Specialist* 🞏 *Occupational Therapist*  🞏 *Speech and Language Pathologist* 🞏 *Autism Consultant or Resource Centre* 🞏 *Kinsmen Children’s Centre*  🞏 *Early Childhood Psychologist* 🞏 *Licensed Child Care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  🞏 *Other Agencies or Programs (please list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | |
| **Student Medical Information** | | |
| Family Doctor: | Phone Number: | |
| Does your child have any allergies? 🞏 Yes 🞏 No   If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 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 | |
| **Emergency Contact Information** | | |
| Name: | | Name: |
| Relationship to Student: | | Relationship to Student: |
| Phone Number: | | Phone Number: |
| **Medical Conditions that require Medical or Emergency Services:** | | |
| Are you concerned with your child’s speech and/or language? 🞏 Yes 🞏 NoIf 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) | | |

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| **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? 🞏 🞏 🞏 *Comments:* |
| Is your child experiencing challenges with social, emotional development? 🞏 🞏 🞏 *Comments:* |
| Does your child have little or no opportunity for contact with other children? 🞏 🞏 🞏 |
| Is a language other than English most commonly used in the home? 🞏 🞏 🞏 *Comments:* |
| Are any of your child’s family members absent from the home for long periods 🞏 🞏 🞏  of time? |
| Has there been any impact in the family from a traumatic experience? 🞏 🞏 🞏 |
| Is the family experiencing financial need? 🞏 🞏 🞏 |
| Is the family experiencing a health care crisis? 🞏 🞏 🞏 |
| Is there limited extended family support? 🞏 🞏 🞏 |
| Do you have any additional concerns/information regarding your child you would like us to be aware of?  *Please specify:* |

Additional Pre-Kindergarten information as well as a list of schools and contact information can be found online ([www.gscs.ca](http://www.gscs.ca)).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature of Parent/Guardian Date