

**Living Sky School Division No. 202**

*Growth Without Limits, Learning For All*

**Application for Pre-Kindergarten Program**

|  |  |  |
| --- | --- | --- |
| **Select School Applying At:**  Battleford Central  Connaught  Cut Knife   Leoville  Macklin  Maymont  McKitrick  Lawrence  St. Vital  Unity Public | | |
| **Pre-Kindergarten Applicant Information (must be atleast 3 years of age to enroll)** | | |
| Child’s Last Name | | Date of Application  MM | DD | YYYY |
| Given Names  First Middle | | |
| Birth Date  MMM | DD | YYYY | Gender\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Home Phone | Cell | |
| Primary Address (Physical Address) | | |
| Mailing Address (if different from above) | | |
| Email Address | | |

|  |  |
| --- | --- |
| **Mother/Stepmother/Guardian Information** | |
| Last Name First Name | Relationship to Child |
| Resides with Student  YES  NO | Home/Cell Phone |
| Place of Employment | Work Phone |

|  |  |
| --- | --- |
| **Father/Stepfather/Guardian Information** | |
| Last Name First Name | Relationship to Child |
| Resides with Student  YES  NO | Home/Cell Phone |
| Place of Employment | Work Phone |

|  |  |  |  |
| --- | --- | --- | --- |
| **Others living in the same house (brothers, sisters, aunts, uncles, grandparents, etc)** | | | |
| Name | Age | | Relationship |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
| **Criteria for Admission to Pre-Kindergarten Program**  Students will be admitted based on the following criteria. Enrolment is determined by program  space availability and student need. Not all students will meet the criteria for admission. | | | |
| **FAMILY/STUDENT INFORMATION IS COLLECTED BY LIVING SKY SCHOOL DIVISION TO INFORM PROGRAM AND ENROLMENT DECISIONS. INFORMATION IS CONSIDERED CONFIDENTIAL AND DOES NOT REMAIN IN A STUDENT’S FILE BEYOND THEIR PRE-KINDERGARTEN YEAR.** | | | |
| **Please check and respond to all that apply:**  Home language is other than English. If so, what language? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Child experiences social, emotional or behaviour issues. Explain:        Child experiencing difficulties in:  Speech  Language  Gross Motor  Fine Motor  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Only one parent in the home or frequent parent absence  Lack of family support system  Traumatic experience within or impacting the family/child. Explain:        Health care crisis impacting child or family. Explain:        Low income family, experiencing financial need  Primary caregiver has less than high school education  Child lives with a teen parent  Child is in foster care  Child has little opportunity to interact with others the same age  Referred by other agencies, which one \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Can your child use the bathroom by himself/herself?  YES  NO  IN PROCESS | | | |
| **Please check if your child has received supports or assistance from the following:** | | | |
| KidsFirst  Early Childhood Intervention Program  Occupational/Physical Therapist  Early Childhood Psychologist  Pre-school/Daycare/Family Day Home  Licensed Child Care | | Autism Consultant or Resource Center  Speech/Language Pathologist  Social Services  Kinsmen Child Development Center  Aboriginal HeadStart | |
| **Do you consent to the sharing of information between these agencies and the school?**  YES  NO Signature Date  MMM | DD | YYYY | | | |
| **Do you have any specific concerns or information regarding your child/family that we need to be aware of** (i.e. **custody**, medical, behaviour, intensive needs, etc.)**?** | | | |

|  |
| --- |
| **PLEASE SUBMIT THIS APPLICATION TO:**  YOUR NEIGHBOURHOOD SCHOOL OR TO THE LIVING SKY SCHOOL DIVISION CENTRAL OFFICE LOCATED AT 509 PIONEER AVENUE, NORTH BATTLEFORD, SK S9A 4A5. |