

**Living Sky School Division No. 202**

*Growth Without Limits, Learning For All*

 **Application for Pre-Kindergarten Program**

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| **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 |

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

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

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| **Others living in the same house (brothers, sisters, aunts, uncles, grandparents, etc)**  |
| Name | Age | Relationship |
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| **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.)**?** |

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| **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. |