

Prekindergarten Application



Thank you for completing this **confidential** screener. Saskatchewan’s Prekindergarten programs admit children based on eligibility criteria. It is important to share as much information about your child’s growth and development as possible.

Submitting this screening tool does not guarantee your child’s enrollment in the program.

You will be contacted by the school division if your child qualifies.

Child Information	
Last Name:	First Name:
Child’s Date of Birth (DD/MM/YYYY):	
Mailing Address:	
Neighbourhood School Name:	
Family Information	
Child lives with: _____	
Relationship to Child: _____	
Contact Information	
Home #:	
Cell #:	
Work #:	
Email:	
What is the best method to contact you?	
<input type="checkbox"/> Email <input type="checkbox"/> Phone Call <input type="checkbox"/> Text <input type="checkbox"/> Other _____	
Has/Have any other child(ren) in the family attended Prekindergarten?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require interpretive services?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, language of choice: _____	

Criteria for Admission to Prekindergarten			
Prekindergarten spaces are filled throughout the year as they become available. The screening tool is reviewed by a selection committee and children will be accepted based on the following criteria.			
	Yes	No	Unknown
Is your child experiencing speech or language difficulties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
Is your child experiencing challenges with social, emotional development?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
Is your child experiencing challenges with physical development?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
Does your child have little or no opportunity for contact with other children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child learning English as an additional language, or are you a Newcomer family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
Is your child currently living with only one parent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are any of the child's family members absent from the home for long periods of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child live with a teen parent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does either of your child's parents have less than a high school education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has there been any impact in the family from a traumatic experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the family experiencing financial need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the family experiencing health care challenges?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there limited extended family support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any additional concerns or information regarding your child that we need to be aware of?			
Please specify: _____			

Does your child receive support from a worker or attend another program? Please list name of worker/program:

- | | |
|--|--|
| <input type="checkbox"/> KidsFirst _____ | <input type="checkbox"/> Autism Consultant _____ |
| <input type="checkbox"/> Speech and Language Pathologist _____ | <input type="checkbox"/> Social Services _____ |
| <input type="checkbox"/> Occupational Therapist / Physical Therapist _____ | <input type="checkbox"/> Licensed Child Care _____ |
| <input type="checkbox"/> Early Childhood Intervention Program (ECIP) _____ | <input type="checkbox"/> Aboriginal Head Start _____ |
| <input type="checkbox"/> Early Childhood Psychologist _____ | <input type="checkbox"/> Preschool/Playschool _____ |
| <input type="checkbox"/> Other _____ | |

Sharing of Information Consent Form

As a parent or legal guardian of:

I hereby give my consent for information to be shared between members of the Prekindergarten Selection Team for the purpose of determining students most in need of Prekindergarten programming.

Only information pertinent to a child's development and the needs of their family will be discussed and this information will be kept confidential within the "circle of care". Members of this team may include staff from:

Good Spirit School Division such as:

- Prekindergarten Teacher
- Student Services Coordinator
- Administrator
- Student Support Teacher
- Prekindergarten Educational Assistant

SK Health Authority Partners:

- Public Health Nurse

Children's Therapy Program:

- Speech Language Pathologist
- Occupational Therapist
- Psychologist
- Physical Therapist
- Social Worker/Counsellor
- ASD Consultant
- Early Childhood Mental Health Therapist

Community Partners:

- Community Nursery/Preschool Teacher
- Community Daycare Director
- PECIP
- KidsFirst
- SIGN
- Family Resource Centre

Signature of Parent/Guardian

Date of completion

***Please submit this completed form to the local school.**