Prekindergarten Application



Date of 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 Inforn	nation					
Last Name:			First Name:			
Child's Date o	of Birth (DD/MM/YY	VV)·	Child's Gender:	Male	Female	
cilia 3 Date e		, .	Ciliu 3 Gender.	IVIAIC	Terriale	
Mailing Addre	ess:					
Physical Addr	ess.					
,						
Neighbourho	od School Name:					
Family Info	rmation					
Child lives wit	d lives with:					
T) First Name, Last Name Relationship to Child:			2) First Name, Last Name			
Neidtionship t	to crina.			_		
Contact Info	rmation					
Home #:						
Cell #:						
Work #:						
Email:						
What is the b	est method to conta	act you?				
☐ Email	☐ Phone Call	☐ Text ☐	Other			
Has/Have any	other child(ren) in	the family attended Pre	ekindergarten?			
☐ Yes	□ No					
Do you requir	e interpretive servi	ces?				
☐ Yes	□ No	If yes, language of ch	oice:			



Criteria for Admission to Prekindergarten			
Prekindergarten spaces are filled throughout the year as they become available. The scr a selection committee and children will be accepted based on the following criteria.	eening to	ool is re	viewed by
Is your child experiencing speech or language difficulties? Comments:	Yes	No	Unknown
Is your child experiencing challenges with social, emotional development? Comments:			
Is your child experiencing challenges with physical development? Comments:			
Does your child have little or no opportunity for contact with other children?			
Is your child learning English as an additional language, or are you a Newcomer family? Comments:			
Is your child currently living with only one parent?			
Are any of the child's family members absent from the home for long periods of time?			
Does your child live with a teen parent?			
Does either of your child's parents have less than a high school education?			
Has there been any impact in the family from a traumatic experience?			
Is the family experiencing financial need?			
Is the family experiencing health care challenges?			
Is there limited extended family support?			
Does your child attend or receive support from? □ KidsFirst □ Autism Consultant or Resort □ Speech and Language Pathologist □ Social Services □ Occupational Therapist / Physical Therapist □ Licensed Child Care □ Early Childhood Intervention Program (ECIP) □ Aboriginal Head Start □ Early Childhood Psychologist □ Preschool/Playschool □ Other (please list):	urce Cent	tre	

Do you have any additional concerns or information regarding your child that we need to be aware of?
Please specify:
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

*Please submit this completed form to the local school.

Signature of Parent/Guardian



Date of completion