



Emergency Contact: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Significant Others Living in the Same House** (siblings, aunt, uncle, etc): If siblings attend school, please tell us which grades and schools:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Relationship: \_\_\_\_\_

**People authorized to pick up your child:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Info: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Info: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Info: \_\_\_\_\_

Are you able to provide daily transportation to and from school?  Yes  No

If NO, please explain: \_\_\_\_\_

**Child care provider:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Days attending: \_\_\_\_\_

**Transportation:**

Child will **go to** school from:

Child Care

Home

Child will **return from** school to:

Child care

Home

**Medical Information**

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies:  No  Yes: \_\_\_\_\_

Medication:  No  Yes: \_\_\_\_\_

Medical/Health Concern:  No  Yes: \_\_\_\_\_

Are Immunizations Current:  No  Yes: \_\_\_\_\_

**Tell us how the following criteria apply to your family situation:**

*Please use the space provided to share any information you feel important*

- Yes       No      Child is from single parent home and has no contact with other parent
- Yes       No      One or both parents were under the age of 19 when child was born
- Yes       No      One or both parents did not complete high school
- Yes       No      Low household income impacts family
- Yes       No      One or both parents are frequently absent for long periods of time
- Yes       No      Traumatic experiences/events within the home have impacted, or are currently affecting the family/child
- Yes       No      Child experiences behavioral or emotional difficulties  
Please explain:
- Yes       No      Parent's physical or emotional health impacts child
- Yes       No      Alcohol or drug abuse is impacting the child/family
- Yes       No      Lack of support system (few friends or family living close by)
- Yes       No      Child has been exposed to abuse/neglect
- Yes       No      Siblings have attended Prekindergarten

**Please tell us more about your child:**

*\*All information will be gathered for the purpose of **possible** prekindergarten placement. Place a checkmark ( ) to those that apply to your child.*

<input type="checkbox"/> Speech is understood by another person, other than the caregiver.	<input type="checkbox"/> Drawings are beginning to resemble people and objects.	<input type="checkbox"/> Enjoys playing with other children.	<input type="checkbox"/> Can dress and undress oneself with little or no assistance.
<input type="checkbox"/> Sentences contain 4 or more words.	<input type="checkbox"/> Counts by memory up to 10.	<input type="checkbox"/> Can wait for their needs to be met.	<input type="checkbox"/> Can pedal and steer a tricycle.
<input type="checkbox"/> Enjoys listening to stories.	<input type="checkbox"/> Uses the bathroom on their own.	<input type="checkbox"/> Is able to recognize 3 or 4 colors.	<input type="checkbox"/> Asks questions.
<input type="checkbox"/> Sings and repeats nursery rhymes.	<input type="checkbox"/> Is able to share things and take turns.	<input type="checkbox"/> Can control a writing tool (crayon, pencil, marker)	<input type="checkbox"/> Can follow 1 or 2 step directions.
<input type="checkbox"/> Can have a simple conversation. For example, "How are you?" "Good, how are you?" or "What do you want for supper?" "I want pizza."	<input type="checkbox"/> Starting to generalize the idea of time... retaining events in the past and looking forward to events in the future.	<input type="checkbox"/> Your child uses language to express their needs and solve their problems rather than verbal and physical outbursts.	<input type="checkbox"/> Can feel secure in a different place away from their caregivers.

**Please check if your child has or is receiving supports from any of the following:**

- |  |  |
|--|--|
| <input type="checkbox"/> Midwest Family Connection           | <input type="checkbox"/> Speech Language Pathologist |
| <input type="checkbox"/> Child Psychologist                  | <input type="checkbox"/> Behavior Specialist         |
| <input type="checkbox"/> Occupational Therapist              | <input type="checkbox"/> Physiotherapist             |
| <input type="checkbox"/> Medical Specialist                  |  |
| <input type="checkbox"/> Other: Please provide details _____ |  |

**Do you consent to the sharing of information between these agencies and the school?**

yes     no    Signature \_\_\_\_\_ Date: \_\_\_\_\_

*Please attach copies of any relevant information or documents that will support your application. All information will be kept strictly confidential.*

Do you have any concerns about your child?
In what ways do you believe your child would benefit from prekindergarten?
Does your child have any special needs, medical conditions, or behaviors of which school staff should be aware of? _____yes _____ no If yes, please explain
If your child’s primary language is NOT English, how well does your child understand and speak English?  _____ does not speak English _____ has a few English words _____ understand and speaks English quite well
Is your child currently attending Playschool, Head Start or Prekindergarten?  _____ yes _____ no
Does your child live in the Lloydminster Public School Division attendance area?  _____ yes _____ no
Do you plan to enroll your child in Lloydminster Public School Division for Kindergarten?  _____ yes _____ no

Have your child say the following words and note how your child pronounces the word:

<i>Say.....</i>	<i>Circle how your child says the word.</i>
Fish	fish fit fis fi tish pish pit pi Other:
Cup	cup tup tu ku Other:
Game	game dame day gay Other:
Sun	sun tun su thun (tongue sticking out for “s”)Other:
Spoon	spoon poon soon foon foo Other:
Snake	snake nake sake snate nay Other:
Star	star tar sar Other:
Eat	eat ea Other:
Ship	ship sip tipthip shi Other:

**If you wish to declare that you are an Aboriginal person, please specify:**

- Status Indian / First Nations     Non Status Indian / First Nations     Metis     Inuit  
Band Affiliation: \_\_\_\_\_  
Treaty Status No. \_\_\_\_\_

Alberta Learning is collecting this personal information pursuant to section 33(c) of the FOIP Act as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner access.

For further information or if you have questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Policy Sector, Information and Strategic Services Division, Alberta Learning, 10155 102 Street Edmonton, AB. T5J 4L5, (780)427-8501.

**Citizenship and Documentation:**

- Birth Language of Child:                       English                       Other (specify) \_\_\_\_\_  
Current Language (spoken in the home):     English                       Other (specify) \_\_\_\_\_  
Country of Birth:                                 Canada                       Other (specify) \_\_\_\_\_  
Country of Citizenship:                         Canada                       Other (specify) \_\_\_\_\_

**My Child is:**

- A child of a Canadian citizen  
 A child of an individual who is lawfully admitted to Canada for permanent or temporary residence (does not apply to tourists/visitors)  
 Lawfully admitted to Canada for permanent residence

**Documentation (please attach applicable copies)**

- Parent Work Permit  
 Parent/Student Permanent Residency  
 Citizenship Card  
 Temporary Resident

**Documentation Expiry Date (if applicable):**  
**(Day/Month/Year)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please note that Prekindergarten is different from Kindergarten. It is a program created by the Ministry of Education to meet the needs of a targeted group of children facing vulnerable circumstances. Class size is limited to 16 children. This means that there is more demand than there are spaces. Because students are accepted into Prekindergarten based on criteria set out by the Ministry of Education, some children who apply will not be accepted into the program.*

*If your child is accepted into Prekindergarten, you will be notified by the end of June. Children who are not admitted to the program will be placed on a wait list unless parents request otherwise.*

**Declaration by Parent / Guardian:**

*I hereby certify the information I have provided in this application is true, correct and complete.*

Date:    \_\_\_\_/\_\_\_\_/\_\_\_\_  
          Day    Month    Year

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