



Creighton Community School
Pre-Kindergarten Application
2017-2018

Application Due Date: Friday, May 12th Application Received: _____

Heard about the program through:

- | | |
|--|--|
| <input type="checkbox"/> Kid's First | <input type="checkbox"/> Outreach Worker |
| <input type="checkbox"/> Public Health Speech Language Pathologist | <input type="checkbox"/> Public Health Nurse |
| <input type="checkbox"/> Daycare Cooperative | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> School staff member/division staff member | <input type="checkbox"/> Extended Family |
| <input type="checkbox"/> Early Childhood Team | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Other (please list) _____ | |

Section A: Student Information

Last Name: _____ First Name: _____ Middle Name(s): _____

Gender: Male Female

Birth Date: _____ (Day/Month/Year) Age as of December 31, 2017: _____

Child Lives with: _____

First Language: _____ Second Language: _____

Voluntary Declaration: Treaty Indian Non-Status Indian Metis Inuit

Band Number: _____ Band Membership/Name: _____

Reserve Residency: On Reserve Off Reserve

Conditions we need to be aware of:

- Allergies (list) _____
- Asthma Epilepsy Diabetes
- Other (list) _____

Section B: Family Profile

Home Phone #: _____

Address: _____

Mother/Guardian

Name: _____ Age: _____

Address (if different from child): _____

Home Phone: _____ Cell #: _____ Email: _____

Place of Work/School: _____ Work Phone #: _____

Occupation: _____ Education Level: Highest Grade Completed _____

High School Diploma

College/University

Father/Guardian

Name: _____ Age: _____

Address (if different from child): _____

Home Phone: _____ Cell #: _____ Email: _____

Place of Work/School: _____ Work Phone #: _____

Occupation: _____ Education Level: Highest Grade Completed _____

High School Diploma

College/University

Siblings: Please provide names and ages

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Child Care Provider:

Before and/or After School Provider:

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Section C: Child Centered Information

All information gathered will be for the purpose of **possible** pre-kindergarten placement. Place a mark (x) to those that apply to your child.

<input type="checkbox"/> Speech is understood by another person, other than caregiver.	<input type="checkbox"/> Drawings are beginning to resemble people and objects.	<input type="checkbox"/> Plays with other children more willingly than only near them and is establishing friends.	<input type="checkbox"/> Can dress and undress oneself with little to no assistance.
<input type="checkbox"/> Sentences contain four or more words.	<input type="checkbox"/> Counts by memory up to ten.	<input type="checkbox"/> Can wait for their needs to be met.	<input type="checkbox"/> Can pedal and steer tricycle.
<input type="checkbox"/> Imitates adult speech patterns accurately.	<input type="checkbox"/> Is able to match 2 or 3 primary colors.	<input type="checkbox"/> Can feel secure in a different place away from their main caregivers.	<input type="checkbox"/> Goes up stairs 1 foot per step and downstairs 2 feet per step.
<input type="checkbox"/> Knows and understands nursery rhymes.	<input type="checkbox"/> Starting to realize the general idea of time...retaining events in the past and looking forward to events in the future.	<input type="checkbox"/> Is less rebellious and uses language rather than physical outbursts to express themselves.	<input type="checkbox"/> Copies a circle and can make a cross (x).
<input type="checkbox"/> Enjoys asking questions.	<input type="checkbox"/> Is aware of reason and change and mostly asks Why?	<input type="checkbox"/> Enjoys make-believe play both alone and with other children.	<input type="checkbox"/> Builds a tower of 9 cubes.
<input type="checkbox"/> Talks to themselves during play.	<input type="checkbox"/> Is able to group objects into two categories (i.e., blue/yellow; big/small; cars/trucks).	<input type="checkbox"/> Has an ability to share things and to take turns.	<input type="checkbox"/> Can control a writing tool (i.e. crayon, pencil, marker).
<input type="checkbox"/> Pronouns are usually used correctly (he/she/they, I).	<input type="checkbox"/> Retains and sings songs and nursery rhymes.	<input type="checkbox"/> Attends to own toilet needs (fully potty trained).	<input type="checkbox"/> Can hold scissors by themselves and cut paper.
<input type="checkbox"/> Enjoys melody and rhymes.	<input type="checkbox"/> Realizes the general idea of ' one ' and ' lots '.	<input type="checkbox"/> May have imaginary fears and anxieties.	<input type="checkbox"/> Can thread large beads on a string.

What does your child do when he/she is angry or frustrated?

Describe how well your child is able to communicate with other children and adults.

Do you have any concerns about your child's emotional and social behaviors? No Yes

If yes, please explain.

In a week, how often does your child play with other preschool aged children?

Describe how your child interacts and plays with other children.

Describe the ability of your child to stay focused on one activity for a given length of time.

Does your child have any medical issues that would impact him/her at school? No Yes

If yes, please explain.

Participation in Community Programs:

<input type="checkbox"/> Read-to-Me	<input type="checkbox"/> Skating/Hockey	<input type="checkbox"/> Church Clubs
<input type="checkbox"/> Swimming Lessons	<input type="checkbox"/> Music Programs	<input type="checkbox"/> Dance Lessons
<input type="checkbox"/> Other (please list): _____		

Section D: Family Centered Information

Place a mark (x) to those that apply to your family situation.

<input type="checkbox"/> Single Parent Family	<input type="checkbox"/> Teen Parent	<input type="checkbox"/> Child living with extended family	<input type="checkbox"/> Child living in foster care
<input type="checkbox"/> English as an additional language	<input type="checkbox"/> Parent is upgrading their education/or going to high school.	<input type="checkbox"/> Low income	<input type="checkbox"/> Family isolation.
<input type="checkbox"/> Members of family struggle with alcohol/drug abuse.	<input type="checkbox"/> Family has dealt with a recent traumatic experience.	<input type="checkbox"/> Parent(s) is frequently absent from child.	<input type="checkbox"/> Parent(s) is unemployed.
<input type="checkbox"/> Child previously attended Pre-Kindergarten	<input type="checkbox"/> Committed to participating in regular family/child activities	<input type="checkbox"/> Child spends most of the day in a child care setting	<input type="checkbox"/> Sibling previously attended Pre-Kindergarten

Section E: Agency Involvement

Has your child been, or is your child involved with any agencies or programs such as a Speech and Language Pathologist, Mental Health, Child and Youth Services, Kids First North, or others?

No Yes if yes, please indicate below.

Name of Agency: _____

Location: _____

Contact Person: _____

Date of Involvement: _____

Name of Agency: _____

Location: _____

Contact Person: _____

Date of Involvement: _____

Name of Agency: _____

Location: _____

Contact Person: _____

Date of Involvement: _____

Section F: Consent and Disclaimer

There is a parent/guardian/family component to the PK program (2-2.5 hours/month) and it is an important that a parent/guardian/family member take part. As a parent/guardian, I am able to participate in the family component of the Prekindergarten program best:

- During the School Day
- During a Weekday Evening

When would home visits from the PreKindergarten teacher be most convenient?

- Morning Afternoon Other If other, please explain: _____

Which PreKindergarten time would you prefer? Morning Afternoon

I hereby consent to the release of information to the PreKindergarten selection committee by any identified agency contained on this application that may pertain to my child's eligibility for enrolment in the PreKindergarten program in Creighton Community School Division.

One of the selection criteria as outlined by the Ministry of Education is that PreKindergarten programs should apply to children identified as "vulnerable". The information provided will assist in the selection of the children considered to be vulnerable. Parents/caregivers may wish to consider disclosing as much information as possible to aid in the selection process. All information submitted to the selection committee is both voluntary and confidential.

(Signature of Parent/Guardian)

(Date)

** Note: If child is in foster care, social worker must sign as legal guardian.

Please note that submitting this application does not guarantee your child's enrollment in the PreKindergarten program. Applicants will be notified of their status after the selection process is complete.

Creighton School Division collects personal information for the purpose of providing education services and is subject to the Local Authority Freedom of Information and Protection of Privacy Act.