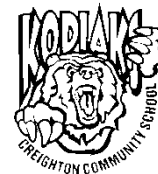




Creighton Community School

PreKindergarten Application 2019-2020

Updated March 18, 2019



Application due date: Friday, May 10, 2019

Application Received by Office: _____

Disclaimer:

All information will be used for the purpose of **possible** PreKindergarten placement. Submitting this application does not guarantee enrollment in the program. Applicants will be notified of their status after the selection process is complete.

*One of the selection criteria outlined by the Ministry of Education is that PreK programs should apply to children identified as "vulnerable". Information provided will assist in identifying children considered to be vulnerable. Caregivers should 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. 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**.*

Where did you hear about the PreKindergarten program?

- Kids First North Outreach Worker Daycare Cooperative Social Services Extended family
- Parent Early Childhood team Public Health Nurse Public Health Speech Language Pathologist
- School staff member/Division staff member Other (please specify) _____

Section A: Student Information

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

Gender: Male Female Birthdate: M M / D D / Y Y Y Y Age (as of August 31, 2019): _____

Child lives with (please list): _____

Student's Physical Address: _____

Voluntary Declaration: Treaty Indian Non-Status Indian Metis Inuit Non-Aboriginal

Treaty Number (must be 10-digits): _____ Band Affiliation: _____

Currently lives on Reserve? Yes No First Language: _____ Second Language: _____

Medical Conditions: Asthma Epilepsy Allergies: _____ Other: _____

Section B: Family Information

Mother/Guardian: Name: _____ Age: _____ Occupation: _____

Education Level: Highest Grade Completed: _____ High School Diploma College/University

Physical Address (if different from child): _____

Home Phone: _____ Cell Phone: _____ Email: _____

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

Father/Guardian: Name: _____ Age: _____ Occupation: _____

Education Level: Highest Grade Completed: _____ High School Diploma College/University

Physical Address (if different from child): _____

Home Phone: _____ Cell Phone: _____ Email: _____

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

Child Care (Weekdays): Name: _____ Address: _____ Phone: _____

Siblings (names and ages): 1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Section C: Child-Centered Information

Check next to all statements that apply to your child.

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Drawings are beginning to resemble people and objects. | <input type="checkbox"/> Sentences contain four or more words. |
| <input type="checkbox"/> Can dress and undress oneself with little to no assistance. | <input type="checkbox"/> Counts by memory up to 10. |
| <input type="checkbox"/> Speech is understood by another person, other than caregiver(s). | <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 colours. |
| <input type="checkbox"/> Knows and understands nursery rhymes. | <input type="checkbox"/> Copies a circle and can make a cross (✕). |
| <input type="checkbox"/> Goes up stairs 1 foot per step and down stairs 2 feet per step. | <input type="checkbox"/> Enjoys asking questions. |
| <input type="checkbox"/> Is aware of reason and change and mostly asks "Why?". | <input type="checkbox"/> Can thread large beads on a string. |
| <input type="checkbox"/> Can control a writing tool (crayon, pencil, marker, etc). | <input type="checkbox"/> Talks to themselves during playtime. |
| <input type="checkbox"/> Has an ability to share things and to take turns. | <input type="checkbox"/> Can build a tower of 9 cubes. |
| <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"/> May have imaginary fears and anxieties. |
| <input type="checkbox"/> Enjoys make-believe play, both alone and with other children. | <input type="checkbox"/> Realizes the general idea of "one" and "lots". |
| <input type="checkbox"/> Can hold scissors by themselves and cut paper. | <input type="checkbox"/> Enjoys melody and rhymes. |
| <input type="checkbox"/> Can feel secure in a different place, away from main caregiver(s). | <input type="checkbox"/> Can wait for their needs to be met. |
| <input type="checkbox"/> Plays with other children more willingly than only near them and is establishing friends. | |
| <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"/> Is able to group objects into two categories (blue/yellow, big/small, cars/trucks, etc). | |

What does your child do when s/he 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 behaviours? Yes No 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? Yes No If yes, please explain.

Participation in Community Programs (check all your child is involved in):

<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

Check next to all statements 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"/> One or both parents are frequently absent from child | <input type="checkbox"/> One or both parents is unemployed |
| <input type="checkbox"/> Committed to participating in regular family/child activities | <input type="checkbox"/> Child spends most of the day in a childcare setting |
| <input type="checkbox"/> Child previously attended PreKindergarten | <input type="checkbox"/> Sibling previously attended PreKindergarten |

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? Yes No 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: Family Component and Scheduling Preferences

There is a 2 to 2.5 hour per month family component to the program and it is important for a parent/guardian to take part.

When would the family component fit best into your schedule? During the school day On a weekday evening

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

Other (please explain) _____

Which PreKindergarten time would you prefer? Morning Afternoon

Section G: Consent

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 enrollment in the PreK program in Creighton School Division.

Signature of Parent/Guardian: _____ Date: _____

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