

**Only one application can be submitted; multiple applications will not be accepted.
Pre-Kindergarten school boundaries apply to Pre-Kindergarten only.
Elementary school attended by applicant for Kindergarten to Grade 8
is determined by elementary school boundary.**

Application for Pre-Kindergarten

FOR OFFICE USE ONLY:

- AM Pre-K PM Pre-K SDS No. _____ SDS PowerSchool EAL
 Applying from: City of Regina - within catchment area City of Regina - outside of catchment area Outside of City
 If applying from City of Regina - outside of catchment area or from Outside of City, indicate reason:
 Sibling(s) of applicant attend the school receiving the application
 Applicant attends before and/or after-school child care within the school receiving the application catchment area. Before and/or after-school child care provider contact information must be provided.

Date of Application: _____

School Receiving Application: _____

Student Information

Student's Legal Name:

Last

First

Middle

Name Used (if different from legal name): _____

Birth Date:

mm | dd | yyyy

Male Female Not specified

Canadian Citizen? Yes No

Home Phone: _____

Grade: _____

Home Address:

Apartment #

House #

Street

City

Postal Code

If living on an acreage or farm, please provide land location:

Section: _____

Township: _____

Range: _____

Meridian: _____

What program are you applying for? English French

School-age Siblings: Please list name, grade and school of each sibling.

Last School Attended: _____

Medical Information: Please provide any necessary medical information on a separate sheet and attach it to this form.

Custody and/or Contact Arrangements:

Health Services Number (HSN) _____. This number is collected and used at the school level to address emergent medical situations. The Ministry of Education uses the HSN to ensure students' educational needs are being met. The Ministry of Education will not use the HSN for any other purpose.

School registration information, including HSN, may also be provided to the Regional Health Authority (RHA) for the purpose of arranging, assessing the need for, providing, continuing or supporting the provision of a service requested or required by the student. PLEASE NOTE: Prior to any service being provided to the student by the RHA, express consent will be obtained from the parent/guardian or student (if older than 18 years).

Heritage Information

The following information is collected for the Ministry of Education and disclosure is protected under *The Local Freedom of Information and Protection of Privacy Act* and all employees of Regina Public Schools must adhere to *Administrative Policy 405*.

Country of Birth: _____

Country of Citizenship: _____

First Language spoken at home: _____

Second Language spoken at home: _____

In which school division do parents/guardians reside? Regina Public or Other (specify) _____

Canadian Birth Certificate or Canadian Citizenship Document #: _____

Self-Declaration Information

Information on Aboriginal ancestry is collected in the SDS by the Ministry of Education and Regina Public School Division to inform educational services and program decisions at the local and provincial levels. Self-declaration is voluntary and is not mandatory. Schools are required to provide students with the opportunity to self-declare their ancestry. For more information, please visit <http://www.rbe.sk.ca/parents/aboriginal-self-declaration>.

Aboriginal people are those who identify themselves to be First Nations/Registered/Treaty/Status, First Nations/Non-Registered/Non-Status, Métis, or Inuit.

Based on this definition, do you consider the student that you are registering to be an Aboriginal person?

Yes No

If **Yes**, please check the box that best identifies the student.

First Nations/Registered/Treaty/Status First Nations/Non-Registered/Non-Status Métis Inuit

Band Affiliation (optional): _____ Treaty Status Number (optional): _____

Parent/Guardian or Child Care Provider Contact Information (Please fill out in order of contact priority)

Contact #1: Last Name First Name Relationship:

Lives with student *OR* give address below:

Apartment # House # Street City Postal Code

E-mail: Place of Work:

Home Phone: Cell Phone: Work Phone:

Contact #2: Last Name First Name Relationship:

Lives with student *OR* give address below:

Apartment # House # Street City Postal Code

E-mail: Place of Work:

Home Phone: Cell Phone: Work Phone:

Contact #3: Last Name First Name Relationship:

Lives with student *OR* give address below:

Apartment # House # Street City Postal Code

E-mail: Place of Work:

Home Phone: Cell Phone: Work Phone:

Contact #4: Last Name First Name Relationship:

Lives with student *OR* give address below:

Apartment # House # Street City Postal Code

E-mail: Place of Work:

Home Phone: Cell Phone: Work Phone:

Additional Contact Information

Social Worker Name: (if applicable) Phone:

Other: Phone:

Pre-Kindergarten Background Information

Early Learning Behaviours and Experiences

Describe how your child demonstrates independence:

- | | | |
|---|------------------------------|-----------------------------|
| Is your child toilet trained? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can your child feed him/herself? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can your child dress him/herself? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your child ask for assistance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your child separate easily from you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Describe how your child plays (with others, by him/herself). _____

List the programs and/or activities your child accesses or is involved with that provide the opportunity to interact with other children.

Describe how your child shows his/her feelings (when pleased and when frustrated). _____

What languages are spoken in the home? _____

What is your child's first language? _____

At what age did your child begin to speak his/her first language? _____

If your child's first language is not English, at what age did your child begin to speak English? _____

Do others have difficulty understanding your child's speech? Provide explanation. _____

Describe how your child speaks:

Does your child use words?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child use phrases?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child use sentences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

When your child speaks, do his/her responses make sense? Provide explanation. _____

Is there additional information about your child's early learning behaviours and experiences that your child's teacher/principal should know that you would like to share or have concerns about? Provide explanation. _____

Is there additional information about your family that your child's teacher/principal should know that you would like to share or have concerns about? Provide explanation. _____

Health History

Sask. Health # _____

Doctor Name _____ Doctor Work Ph _____

Child's Birth Weight _____

Describe problems experienced during pregnancy with this child, at birth or immediately after birth. Provide explanation.

Please place a checkmark (✓) next to any of the following conditions that are part of your child's health history.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Draining ears | <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Back curvature | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Tubes in ears | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Heart condition | <input type="checkbox"/> FASD |
| <input type="checkbox"/> Frequent ear aches | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney condition | <input type="checkbox"/> Autism Spectrum |
| <input type="checkbox"/> Accumulation of ear wax | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Convulsive disorder | <input type="checkbox"/> Emotional problem |
| <input type="checkbox"/> Skin condition | <input type="checkbox"/> Muscle or bone condition | <input type="checkbox"/> Asthma/Lung condition | <input type="checkbox"/> Other |

Describe treatment provided and/or supervision required regarding the following health-related concerns:

Health Problem _____

Medication or Treatment _____

Cultural Food Restrictions _____

Allergies _____

Activity Restrictions _____

Does this child have a four-year-old birthday check-up with the Regina Qu'Appelle Health Region? Yes No N/A

Has your child received his/her immunizations? Yes No Date _____

Has your child received his/her dental check-up? Yes No Date _____

Has your child received a vision test by an optometrist? Yes No Date _____

Check if your child wears the following: Eye glasses Contact lens

Has your child received a hearing test by an audiologist? Yes No Date _____

Check if your child wears or experiences the following:

- Hearing aid Permanent hearing loss Hearing loss that comes and goes

Has your child been involved with other agencies (i.e. Open Door, ECIP, SCEP, etc.)? Yes No Provide list. _____

Has your child been involved with other child care programs (i.e. daycare, private preschool, Early Learning Centre, Discovery Pre-K, Communication Pre-K, Head Start, etc.)? Yes No Provide list. _____

Is there additional information about your child's health and development history that your child's teacher/principal should know that you would like to share or have concerns about? Provide explanation. _____

Check if records for your child exist at the following agencies:

- Regina Qu'Appelle Health Region
 Wascana Rehabilitation Centre
 Social Services
 Mental Health and Addictions/Child and Youth Services
 Other _____

Permission is hereby granted to Regina Public Schools to request release of the child's records from the identified agencies:

Signature

Date

Relationship to Child