



Chinook School Division

Chinook School Division #211 Pre-Kindergarten Application Form

Please send completed application directly to:

Chinook School Division
Pre-Kindergarten Program
Box 1809
Swift Current, SK
S9H 4J8

A. Basic Information

Date of Application			
YY / MM / DD			
Student Information			
Last Name			
Given Names			Name Used
Birth Date	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Toilet Trained?
YY / MM / DD			
With whom does the child reside?		Language spoken in home?	
Student Health #	Doctor's Name	Doctor's Phone	
Parent/Guardian and Sibling Information			
Mother's Last Name		First Name	
Address: Box/Street		Home Phone:	Cell:
City/Postal Code		Email Address	
Place of Work		Work Phone	
 			
Father's Last Name		First Name	
Address: Box/Street		Home Phone:	Cell:
City/Postal Code		Email Address	
Place of Work		Work Phone	

Transportation

Will you require bussing? _____ Comes from: _____

Returns to: _____

Are you a single parent? Yes No

Please provide names and ages of siblings.

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

Is there a legal custody arrangement? (documentation requested) Yes No

Mother has full custody _____

Father has full custody _____

Joint/shared custody _____

Guardian full custody _____

Child lives with both mother and father _____

Other _____

If not, what is the informal arrangement?

How long has this arrangement been in place?

Are you being supported by any of the following services or programs available in our community?

- | | |
|--|---|
| <input type="checkbox"/> Playschool | <input type="checkbox"/> Family Advocacy Worker |
| <input type="checkbox"/> Early Childhood Intervention Program (E.C.I.P.) * | <input type="checkbox"/> Social Services * |
| <input type="checkbox"/> Early Childhood Psychologist * | <input type="checkbox"/> Food Bank |
| <input type="checkbox"/> Speech and Language Pathologist * | <input type="checkbox"/> Daycare |
| <input type="checkbox"/> Physical Therapist * | <input type="checkbox"/> Other |

* Name of person(s) working with your child

Referral Sponsor Information (for individuals or agency facilitating the completion of the application/referral)
See checklist below with reason(s) for referral.

Agency: _____

Name: _____ Phone #: _____

Position: _____ Signature: _____

Non Agency (please indicate): _____

Reason for Referral: _____

Selection Criteria / Reason for Referral:

Please check the criteria which apply to this referral.

- Referral by partner agency
- Low income/poverty
- Single parent
- Teen parent(s)
- Parent has less than a high school education
- Parent's mental health
- Family abuse/neglect
- Alcohol/drug abuse
- English as an additional language
- Family Crisis
- Child not living with parents (ex. Grandparent raising)
- Child has limited or no access to additional learning opportunities (ex. High quality child care, community literacy programs)
- Communication/language delays/difficulties
- Social/emotional/behavioural difficulties
- Child is toilet trained

Parental Consent

I, _____, the parent/legal guardian of

hereby consent to the referral of my child for admission to the Prekindergarten Program and to the sharing of relevant information with the Prekindergarten Program Selection Committee for the purposes of determining my child's eligibility for the program. The information will also be used for program planning for my child. I have seen, understand and have agreed to the information provided in this referral.

Date

Signature Parent/Guardian