Chinook School Division #211
Pre-Kindergarten Application Form

Please send completed application directly to:

Chinook School Division
C/O Beth Cadrain
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 YY / MM / DD	Male ☐ Female ☐		Toilet Trained?
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?

- ☐ Playschool
- ☐ Early Childhood Intervention Program (E.C.I.P.) *
- ☐ Early Childhood Psychologist *
- ☐ Speech and Language Pathologist *
- ☐ Physical Therapist *
- ☐ Family Advocacy Worker
- ☐ Social Services *
- ☐ Food Bank
- ☐ Daycare
- ☐ 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