



PRE KINDERGARTEN JOINT APPLICATION



Pre-Kindergarten Applicant Information (must be 3 years of age to enroll)	
Child's Last Name	Date of Application YYYY-MM-DD
Given Names First Middle	
Birth Date YYYY-MM-DD	Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Home Phone	Religion
Primary Address (Physical Address)	
Mailing Address (if different from above)	

Contact 1 Information	
Last Name First Name	Relationship to Child
Resides with Student YES NO	Home/Cell Phone
Place of Employment	Work Phone
Email Address	

Contact 2 Information	
Last Name First Name	Relationship to Child
Resides with Student YES NO	Home/Cell Phone
Place of Employment	Work Phone
Email Address	

Order in Family: \_\_\_\_\_

Sibling Information - Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Sibling Information - Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Sibling Information - Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent / Guardian Signature	Type name here
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## Criteria for Admission to Pre-Kindergarten Program

Students will be selected based on the following criteria. Enrolment is determined by program space, availability and best placement for each child. Not all students will meet the criteria for admission.

FAMILY/STUDENT INFORMATION IS COLLECTED BY LIGHT OF CHRIST CATHOLIC SCHOOLS TO INFORM PROGRAM AND ENROLMENT DECISIONS. INFORMATION IS CONSIDERED CONFIDENTIAL AND DOES NOT REMAIN IN A STUDENT'S FILE BEYOND THEIR PRE-KINDERGARTEN YEAR.

Please check all that apply:

- Child experiencing difficulties in speech or language
- Home language is other than English
- Child experiences social-emotional difficulties
- Only one parent in the home or frequent parent absence or teen parent
- Lack of family support system
- Traumatic experience within or impacting the family/child
- Low income family or on social assistance
- Primary caregiver has less than high school education
- Family is involved with child protections
- Child has a mild overall developmental delay
- Parents experiencing cross cultural barriers or difficulties with parenting
- Other
- Referred by other agencies: Name \_\_\_\_\_

Is your child toilet trained?  YES  NO  IN PROCESS

Please check if your child or family is or has received supports or assistance from the following:

- Early Childhood Intervention Program
- Occupational/Physical Therapist
- Early Childhood Psychologist
- Catholic Family Services
- Other
- Speech/Language Pathologist
- Social Worker
- Kinsmen Child Development Center
- Pre-school / Daycare / Family Day Home

Do you consent to the sharing of information between these agencies and the school?

YES  NO

Signature

Date

Type name here

YYYY-MM-DD

Do you have any specific concerns or information regarding your child that we need to be aware of (i.e. custody, medical, behaviour, etc.)?

PLEASE SUBMIT THIS APPLICATION TO: YOUR NEIGHBOURHOOD SCHOOL OR TO THE LIGHT OF CHRIST CATHOLIC SCHOOLS CENTRAL OFFICE LOCATED AT 9301 19<sup>th</sup> AVE, NORTH BATTLEFORD, SK S9A 3N5.  
THE CAREGIVER WILL BE CONTACTED AND A FULL APPLICATION PROCESS WILL BEGIN