



Lloydminster Public School Division Prekindergarten Application

Office Use Only:
Date Received: _____
Attached Reports: _____

Prekindergarten is for children who will be 3 or 4 years old by Sept. 30 and live within the city of Lloydminster.
 This is a legal document. It must be accurate and complete.
 All information will be considered confidential.
 Please Print Clearly

Child's Legal Last Name	Legal First Name	Legal Middle Name
Preferred Last Name (if different from above)	Preferred First Name (if different from above)	

Birthdate: ____/____/____ Gender: Male Female Health Care Number: _____ Prov: _____
Day Month Year

Child's Home Address:

Residence Address: _____
 Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____

Birth Certificate: Attached Not Available On Order
Government regulations require a copy of the student's birth certificate be obtained for the student cumulative record.

Parent/Guardian #1:

Relationship to child: _____
 Name: _____
 Street Address (if different from child)

 City: _____
 Province: _____
 Postal Code: _____
 Home phone: _____
 Cell Phone: _____
 Work Phone: _____
 Email: _____
 Occupation: _____

Parent/Guardian #2:

Relationship to child: _____
 Name: _____
 Street Address (if different from child)

 City: _____
 Province: _____
 Postal Code: _____
 Home phone: _____
 Cell phone: _____
 Work phone: _____
 Email: _____
 Occupation: _____

Child lives with: Both Parents Father Only Mother Only Guardian Mother/Stepparent
 Father/Stepparent Other (please specify) _____

If applicable what is your child's custody arrangement (e.g. is there a court order in place)? _____

Emergency Contact: _____ Relationship to Child: _____
Address: _____ Phone: (____) _____

Siblings' Names and Ages: If siblings attend school, please tell us which grades and schools:

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

People authorized to pick up your child:

Name: _____ Relationship: _____ Contact Info: _____

Name: _____ Relationship: _____ Contact Info: _____

Name: _____ Relationship: _____ Contact Info: _____

Are you able to provide daily transportation to and from school? Yes No

If NO, please explain: _____

Child care provider:

Name: _____

Address: _____

Phone: _____

Cell: _____

Days attending: _____

Transportation:

Child will **go to** school from:

Child Care

Home

Child will **return from** school to:

Child care

Home

Medical Information

Family Doctor: _____ Phone: _____

Allergies: No Yes: _____

Medication: No Yes: _____

Medical/Health Concern: No Yes: _____

Are Immunizations Current: No Yes: _____

Tell us how the following criteria apply to your family situation:

Please use the space provided to share any information you feel important

- Yes No Child is from single parent home and has no contact with other parent
- Yes No One or both parents were under the age of 19 when child was born
- Yes No One or both parents did not complete high school
- Yes No Low household income impacts family
- Yes No One or both parents are frequently absent for long periods of time
- Yes No Traumatic experiences/events within the home have impacted, or are currently affecting the family/child
- Yes No Child experiences behavioral or emotional difficulties
- Yes No Parent's physical or emotional health impacts child
- Yes No Alcohol or drug abuse is impacting the child/family
- Yes No Lack of support system (few friends or family living close by)
- Yes No Child has been exposed to abuse/neglect
- Yes No Siblings have attended Prekindergarten
- Yes No Child lives in LPSD attendance area

Please tell us more about your child:

1. In a week, how often does your child play with other preschool children?
2. If your child’s primary language is NOT English, please tell us how well he/she understands and speaks English:

does not speak English has a few English words understands and speaks English quite well
3. Please check all that apply:

My child has difficulty with **communication** (e.g. following directions, speaking clearly, using complete sentences, being understood by others, etc.)

My child has difficulty with **social skills** (e.g. sharing, taking turns, playing nicely with others, shyness, separating from parents, etc.)

My child has difficulty with **motor skills—big movements** (e.g. running, jumping, etc.) or **small movements** (eg. holding a crayons, doing up buttons, etc.)
4. Is your child’s speech easy to understand?

By you? Yes No Sometimes

By others? Yes No Sometimes
5. Have your child say the following words and note how your child pronounces the word:

Say.....	Circle how your child says the word.
Fish	fish fit fis fi tish pish pit pi Other:
Cup	cup tup tu ku Other:
Game	game dame day gay Other:
Sun	sun tun su thun (tongue sticking out for “s”) Other:
Spoon	spoon poon soon foon foo Other:
Snake	snake nake sake snate nay Other:
Star	star tar sar Other:
Eat	eat ea Other:
Ship	ship sip tip thip shi Other:

6. How long are your child’s sentences usually?

single words only 2-3 words 4-5 words more than 5 words
7. Does your child leave out little words such as “is, to, the” (He _ running, I go _ _ store)?

Yes No Sometimes
8. Does your child use?

“me” for “I” (me go) Yes No Sometimes

“him” for “he” (Him likes it) Yes No Sometimes

“her” for “she” (Her likes it) Yes No Sometimes

“hims” for “his” (hims coat) Yes No Sometimes
9. Is your child toilet trained?

Yes No Working on it

(Toilet training is not a condition for admission, but knowing how your child is doing in this area helps us with planning)
10. Is your child currently attending Playschool, Head Start or Prekindergarten? Yes No

If YES, how often? _____ Please provide name of program: _____
11. Do you plan to enroll your child in LPSD for Kindergarten? Yes No Have Not Decided

12. a) Please indicate if your child has received services from any of the following:

	Had Service in Past/ No Longer Requires	Currently Receiving Services	Waiting for Services
Midwest Family Connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech-Language Pathologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Psychologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaviour Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide details:

Other:

Please specify:

b) Please attach copies of any relevant information or documents that will support your application. All information will be kept strictly confidential.

13. Were you referred to our Prekindergarten by any of the above agencies? Yes No

If YES, please specify _____

14. How did you hear about our Prekindergarten program?

15. Is there any additional information about your family that you feel your child's teacher should know?

If you wish to declare that you are an Aboriginal person, please specify:

Status Indian / First Nations Non Status Indian / First Nations Metis Inuit
Band Affiliation: _____
Treaty Status No. _____

Alberta Learning is collecting this personal information pursuant to section 33(c) of the FOIP Act as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner access.

For further information or if you have questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Policy Sector, Information and Strategic Services Division, Alberta Learning, 10155 102 Street Edmonton, AB. T5J 4L5, (780)427-8501.

Citizenship and Documentation:

Birth Language of Child: English Other (specify) _____

Current Language (spoken in the home): English Other (specify) _____

Country of Birth: Canada Other (specify) _____

Country of Citizenship: Canada Other (specify) _____

My Child is:

- A child of a Canadian citizen
- A child of an individual who is lawfully admitted to Canada for permanent or temporary residence (does not apply to tourists/visitors)
- Lawfully admitted to Canada for permanent residence

Documentation (please attach applicable copies)

- Parent Work Permit
- Parent/Student Permanent Residency
- Citizenship Card
- Temporary Resident

Documentation Expiry Date (if applicable):
(Day/Month/Year)

Please note that Prekindergarten is different from Kindergarten. It is a program created by the Ministry of Education to meet the needs of a targeted group of children facing vulnerable circumstances. Class size is limited to 16 children. This means that there is more demand than there are spaces. Because students are accepted into Prekindergarten based on criteria set out by the Ministry of Education, some children who apply will not be accepted into the program.

If your child is accepted into Prekindergarten, you will be notified by the end of June. Children who are not admitted to the program will be placed on a wait list unless parents request otherwise.

Declaration by Parent / Guardian:

I hereby certify the information I have provided in this application is true, correct and complete.

Date: ____/____/____
 Day Month Year

Signature of Parent / Guardian