



LLOYDMINSTER PUBLIC SCHOOL DIVISION



Effective 2020, the fee for Junior Kindergarten is \$100 per month, which includes all class time and supplies. Fee schedules and structure will be managed at the school level. This document must be downloaded and filled out using Adobe Reader, saved, and then attached to an email sent to diane.yahnke@lpsd.ca

Please note some sections require use of the **yellow highlight** feature found in Adobe Reader's top toolbar

Junior Kindergarten Preference

Please use this form to tell us your first, second, and third choices for class times for your child and add any additional information at the bottom of the page that you feel we should know about your choice of days and times. Please note that it may not be possible to accommodate all requests. You will be notified of your child's class placement when classes are confirmed. Thank you for taking the time to tell us more about your child.

_____ Monday/Wednesday 8:45-11:15 am

_____ Monday/Wednesday 12:00-2:30pm

_____ Tuesday/Thursday 8:45-11:15 am

_____ Tuesday/Thursday 12:00-2:30pm

_____ Friday 8:45-11:15 (**Fee \$50 per month based on once per week class)

Additional Information:

Due to limited space in Junior Kindergarten, children may be placed on a Wait List.



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Tell Us More About Your Child:

Please help us learn a bit about your child before he/she begins Jr. Kindergarten by completing the following questions. The information you provide will also be helpful for planning purposes.

Child's Name: _____

1. What are your child's favorite activity/games/toys?

2. Please list foods your child cannot eat.

3. Is your child involved with any community services/supports? Use Adobe Reader's yellow highlighter for all that apply

Midwest Family Connections	Yes	No	Previously involved	Not Yet
Speech-Language Pathologist	Yes	No	Previously involved	Not Yet
Occupational Therapist	Yes	No	Previously involved	Not Yet
Autism Services	Yes	No	Previously involved	Not Yet
Behaviour Specialist	Yes	No	Previously involved	Not Yet
Child Psychologist	Yes	No	Previously involved	Not Yet
Physiotherapist	Yes	No	Previously involved	Not Yet
Medical Specialist(s)	Yes	No	Previously involved	Not Yet

Please specify type of specialist: _____

Where is specialist located: _____

How often: _____

Year involvement began: _____

4. If your child is currently taking medication, please provide details:

5. Does your child have any medical, physical or behavioral needs that the teacher should know about? If so, please describe:

6. What language(s) does your child speak?

7. Is your child potty trained? Yes No

8. Can your child go to the bathroom independently? Yes No

9. What school will your child attend for Kindergarten? **Please note a next year school must be indicated.**

- | | | |
|---|--|--|
| <input type="checkbox"/> Barr Colony | <input type="checkbox"/> Mother Teresa | <input type="checkbox"/> Winston Churchill |
| <input type="checkbox"/> College Park | <input type="checkbox"/> Queen Elizabeth | |
| <input type="checkbox"/> Ecole St. Thomas | <input type="checkbox"/> Rendell Park | |
| <input type="checkbox"/> Father Gorman | <input type="checkbox"/> St. Joseph | |
| <input type="checkbox"/> Jack Kemp | <input type="checkbox"/> St. Mary's | |

10. Do you have other children in school? If so, please indicate all that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Barr Colony | <input type="checkbox"/> Holy Rosary | <input type="checkbox"/> St. Joseph |
| <input type="checkbox"/> Bishop Lloyd | <input type="checkbox"/> Jack Kemp | <input type="checkbox"/> St. Mary's |
| <input type="checkbox"/> College Park | <input type="checkbox"/> Lloyd Comp | <input type="checkbox"/> Winston Churchill |
| <input type="checkbox"/> Ecole St. Thomas | <input type="checkbox"/> Mother Teresa | |
| <input type="checkbox"/> ES Laird | <input type="checkbox"/> Queen Elizabeth | |
| <input type="checkbox"/> Father Gorman | <input type="checkbox"/> Rendell Park | |

11. Does your child like to play with other children?

12. Is your child able to (use **yellow highlighter** for all that apply):

- | | | | |
|--|-----|----|--------------------|
| A) Understand others when they speak | Yes | No | Somewhat/sometimes |
| B) Use complete sentences | Yes | No | Somewhat/sometimes |
| C) Communicate needs and wants | Yes | No | Somewhat/sometimes |
| D) Be understood by others when speaking | Yes | No | Somewhat/sometimes |
| E) Separate from parents without being upset | Yes | No | Somewhat/sometimes |
| F) Take turns and/or share with others | Yes | No | Somewhat/sometimes |
| G) Run, jump, climb | Yes | No | Somewhat/sometimes |
| H) Feed him/herself | Yes | No | Somewhat/sometimes |

13. Is there any other information about your child/family that the teacher should know?