



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:**

- In a week, how often does your child play with other preschool children?
- 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

- 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.)

- Is your child's speech easy to understand?
  - By you?  Yes  No  Sometimes
  - By others?  Yes  No  Sometimes

- Have your child say the following words and note how your child pronounces the word:

| Say... .. | Circle how your child says the word.          | Other: |
|-----------|---|--------|
| 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: |

- How long are your child's sentences usually?
  - single words only 2-3 words
  - 4-5 words
  - more than 5 words
- Does your child leave out little words such as "is, to, the" (He \_ running, I go \_ \_ store)?
  - Yes  No  Sometimes
- 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

- 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)

- Is your child currently attending Playschool, Head Start or Prekindergarten?  Yes  No
 

If YES, how often? \_\_\_\_\_ Please provide name of program: \_\_\_\_\_

- 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/<br>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