



# 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 (check all that apply):

\_\_\_\_ Child Care

\_\_\_\_ Home

Child will return **from** school to:

\_\_\_\_ Child care

\_\_\_\_ Home

**Medical Information**

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_

Medication: Yes \_\_\_\_\_ No \_\_\_\_\_

Medical/Health Concern: Yes \_\_\_\_\_ No \_\_\_\_\_

Are Immunizations Current: Yes \_\_\_\_\_ No \_\_\_\_\_

**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?  
 Please circle:      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)?  
 Please circle:      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 to Prekindergarten, 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 by checking all that apply:

	Had Services in Past / No Longer Requires	Currently Receiving Services	Waiting for Services
<input type="checkbox"/> Midwest Family Connections	_____	_____	_____
<input type="checkbox"/> Speech-Language Pathologist	_____	_____	_____
<input type="checkbox"/> Child Psychologist	_____	_____	_____
<input type="checkbox"/> Behavior Specialist	_____	_____	_____
<input type="checkbox"/> Occupational Therapist	_____	_____	_____
<input type="checkbox"/> Physiotherapist	_____	_____	_____
<input type="checkbox"/> Medical Specialist	_____	_____	_____
Please provide details:	_____		
<input type="checkbox"/> 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): \_\_\_\_\_  
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