



Christ the Teacher.

ROMAN CATHOLIC SEPARATE SCHOOL DIVISION #212
45A Palliser Way, Yorkton, Saskatchewan, S3N 4C5
Telephone: (306)783-8787 Fax: (306)783-4992

Continuation for Prekindergarten Application

I, _____ wish to re-enroll my child _____
(Print Parent/Guardian Name) (Print Child's Name)
into Prekindergarten at _____ school.
(Print Name of School)

Please indicate any changes that may have occurred to the information below since the previous year's application. If there are no changes, please sign the declaration at the end of this form.

CHANGE OF STUDENT INFORMATION					
SURNAME:		FIRST NAME:		MIDDLE NAME:	
Street Address (Box No):		City:		Postal Code:	
Home Email Address:				Home Telephone Number:	
Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian					
CHANGE OF PARENT/GUARDIAN INFORMATION					
Parent/Guardian Address (if different than child):			Telephone #:		
Mother/Guardian's Name Last Name: _____ First Name: _____		Mother/Guardian's Employer: _____		Work Telephone # _____ (Ext.) _____	Cell #: _____
Father/Guardian's Name Last Name: _____ First Name: _____		Father/Guardian's Employer: _____		Work Telephone # _____ (Ext.) _____	Cell # _____
Parents are: <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Single					
Please indicate if there is a custody arrangement or custody order that the school staff should be aware of: <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered YES, you will need to supply legal documentation to the school administration. This document will be kept in the school principal's office.					
Emergency Contact Information (Other than Parent/Guardian):					
Name: _____		Relationship to student _____			
Address: _____		Phone Number: _____			
Babysitter Name (if applicable) _____		Phone Number: _____			
Are there any siblings living in the home?					
Name: _____		Age _____	Name: _____		Age _____
Name: _____		Age _____	Name: _____		Age _____

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CRITERIA

Please check any applicable boxes below to indicate changes to the criteria listed:

<input type="checkbox"/> Low Income/ Poverty <input type="checkbox"/> Foster Child <input type="checkbox"/> No family support <input type="checkbox"/> Trauma in the family <input type="checkbox"/> Family involved with other support services	<input type="checkbox"/> Single Parent <input type="checkbox"/> Teen Parent <input type="checkbox"/> Parent attending school <input type="checkbox"/> Parent is unemployed	<input type="checkbox"/> Child has developmental delays <input type="checkbox"/> Child has social, emotional or behavioural needs <input type="checkbox"/> Siblings have attended Prekindergarten	<input type="checkbox"/> Child has speech or communication problems <input type="checkbox"/> Child has little or no contact with other children <input type="checkbox"/> Language spoken at home is not English
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OTHER INFORMATION

Please indicate below any changes to the criteria listed below:

Has your child worked with any of the following support services in our community?

- The Ministry of Social Services.....Worker's Name: _____
- Kids First.....Worker's Name: _____
- PECIP (Parkland Early Childhood Intervention)....Worker's Name: _____
- ASD Services (Autism Spectrum Disorder).....Worker's Name: _____
- Speech and Language Pathologist.....Therapist's Name: _____
- Occupational Therapist.....Therapist's Name: _____
- Physical Therapist.....Therapist's Name: _____
- CNIB.....Worker's Name: _____

Please provide any additional information that you feel would be an important consideration for the placement of your child in the prekindergarten program (eg. Change in Employment, Allergies, Family Doctor, etc.):

Parent/Guardian Signature: _____ Date: _____

Employees of Christ the Teacher Catholic Schools may use the information collected on this form to help provide appropriate educational programming and support for the student. We collect the student's Saskatchewan Health Number to use in case medical care is needed. This number, and other demographic information, is shared with the Saskatchewan Ministry of Education to support the Student Data System. Contact information is collected and shared with the Saskatchewan Health Authority for follow-up with families regarding the following health services: immunization, vision screening, hearing screening, dental programs and transportation. How this information is accessed, used, or disclosed is protected under the Freedom of Information and Protection of Privacy Act and the Local Authority Freedom of Information and Protection of Privacy Act.

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