

Holy Family RCSSD #140
Application for Admission to Prekindergarten Program



**Please
Print**

A. Basic Registration Information

Date of Application		YY / MM / DD	
Student Information			
Last Name			
Given Names		Name Used	
Birth Date	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
YY / MM / DD			
Home Phone	Unlisted: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address			
City		Postal Code	
Parent/Guardian & Sibling Information			
Father's Last Name		First Name	
Address		Home Phone	
<small>(if different from student's)</small>			
Cell Phone		Email Address	
Place of Work		Work Phone	
Mother's Last Name		First Name	
Address		Home Phone	
<small>(if different from student's)</small>			
Cell Phone		Email Address	
Place of Work		Work Phone	
Are you a single parent?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you Catholic?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide names and ages of siblings.			
1.		2.	
3.		4.	
5.		6.	

Is there a legal custody arrangement? (documentation requested) <input type="checkbox"/> Yes <input type="checkbox"/> No Mother has full custody _____ Father has full custody _____ Joint/shared custody _____ Guardian full custody _____ Child lives with both mother and father _____ Other _____ If not, what is the informal arrangement? How long has this arrangement been in place? Aboriginal and/or Metis ancestry? <input type="checkbox"/> Yes <input type="checkbox"/> No Is English your 1 st language? <input type="checkbox"/> Yes <input type="checkbox"/> No What language do you speak? _____ Did you come to Canada from another country? <input type="checkbox"/> Yes <input type="checkbox"/> No What country? _____ Are you being supported by any of the following services or programs available in our community? <input type="checkbox"/> Children’s Learning Centre <input type="checkbox"/> Playschool <input type="checkbox"/> E.C.I.P. * <input type="checkbox"/> Early Childhood Psychologist <input type="checkbox"/> Family Advocacy Worker <input type="checkbox"/> Social Services * <input type="checkbox"/> Speech and Language Pathologist * <input type="checkbox"/> Other * Name of person(s) working with your child _____		
Do we have permission to contact the agency if necessary to discuss programming for you child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Child Care Provider – before school and/or after school child care provider		
Name		
Address		Phone
Emergency Contacts		
1. Name		
Address		
Phone		Relationship to child
2. Name		
Address		
Phone		Relationship to child
Student Health #	Doctor's Name	Doctor's Phone

Does your child have any medical/health problems? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please explain):	
Does your child have any allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please list):	
Is your child on medication? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please indicate medication used):	
Please describe your child's needs. Language: Medical: Social: Speech: Nutrition:	
As a parent are you willing to participate in your child's Pre-Kindergarten program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you prefer your child to be registered in the morning or afternoon session? (Applies to Estevan parents only)	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Parent's signature	Date
Teacher's signature	Date
Child's starting date YY / MM / DD	Exit date YY / MM / DD
Reason for leaving <input type="checkbox"/> Kindergarten entry <input type="checkbox"/> Moved out of area <input type="checkbox"/> Other: _____ _____	