

Does this student have a **severe** or **life threatening** medical condition? Yes No

If you answered Yes, please provide details of the medical condition: _____

PERMISSION

1. I give permission for my child to participate in low risk educational activities that occur during normal school hours away from the school grounds. I understand that the activities will be connected to educational objectives. The school will inform me by written note or telephone call when a trip will occur. Yes No
2. **Local Authority Freedom of Information Protection (LAFOIP).** *Please read the LAFOIP brochure.* I give my permission for my child’s personal information (name, grade, school), photo, video recording, and/or work to be displayed beyond the school or school division and know that it will be accessible to the public through a posting, publication, or internet website. (An example: The publication of your child’s picture in the local newspaper or social media.) Yes No

The LAFOIP brochure is available at the school or online at www.srsd119.ca. (Click on Parent Information)

Does your child attend child care, or any other early learning programs Yes No

If yes, how often? _____ Name of Program: _____

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

In what ways do you think your child would benefit from Prekindergarten? _____

Did your child attend Prekindergarten last year: Yes No

If yes, where? _____ Is this your neighborhood school? Yes No

If no, please explain your reasons for applying to this school. _____

Does your child have any special needs, medical conditions, or behaviours of which the school staff should be aware? Yes No

If yes, please explain _____

What do you want us to know about your child? _____

Have you been referred to Prekindergarten by a partner agency such as: Public Health Social Services
KidsFirst ECIP No referral was made Other: _____

Prekindergarten engages parents through home visits, family events, parent education, ongoing conversations and class participation. How would you like to be engaged in Prekindergarten? _____

Participation in Family Events is an expectation of the Prekindergarten program. When would you be more able to attend events at the school? Morning Afternoon Evening

Does your child have any allergies or good restriction: _____

Is there anything else you want us to know? _____

SIGNATURE REQUIRED

I hereby declare that I have read and understood the information contained on this Prekindergarten Application Form and that the information I have provided is correct. I understand it is my responsibility to inform the school of any changes to the information contained on this form.

Date

Signature of Parent or Guardian