



# Pre-Kindergarten Application

Date of Registration: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

## Child's Information

Legal Name of Child: \_\_\_\_\_ Gender: \_\_\_\_\_  
(Surname) (First Name) (Middle)

Child also known as: \_\_\_\_\_  
(Surname) (First Name) (Middle)

Date of Birth: \_\_\_\_\_ Age as of September 1, 2017: \_\_\_\_\_ years \_\_\_\_\_ months  
(Year) (Month) (Day)

I am applying for:

- Program for 3 yr olds** (Child is 3 years by Sept 1)  
Diagnosis indicates severe delays (**Attach assessment report**)
- Program for 4 yr olds** (Child is 4 years by Dec 31) **Check one box below**
  - Diagnosis indicates severe delays
  - Diagnosis indicates mild or moderate delays
  - English as a Second Language (ESL)
  - Community, to serve as a role model for same age peers. Limited placements available for a fee of \$200 per month.

Preferred Pre-Kindergarten Site:

Fairview  G H Dawe  G W Smith  Joseph Welsh  Mattie McCullough  Normandeu  West Park

If not your community school, please provide a reason for your choice: \_\_\_\_\_

Do you have other children attending or who will be attending this school District?  Yes (please list)  No

Name	Age	School Attending
_____	_____	_____
_____	_____	_____

Is your child currently registered for another Pre-Kindergarten or Pre-School program for 2016-2017?  Yes  No

If Yes, please provide the program name: \_\_\_\_\_

**PLEASE NOTE THAT PARENTS ARE RESPONSIBLE FOR PROVIDING TRANSPORTATION AS BUSSING IS NOT AVAILABLE FOR THE PRE-KINDERGARTEN PROGRAM.**

## Parents and/or Guardians

1. **Parent/Guardian No. 1 Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Business Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

2. **Parent/Guardian No. 2 Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Business Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
If different from 1.

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
If different from 1.

**Child lives with:** \_\_\_\_\_

## English as Second Language (ESL) Eligibility

Language(s) spoken at home: \_\_\_\_\_

### First Nations, Métis and Inuit Information

Red Deer Public Schools receive government funding to offer support and programs for First Nation, Métis, or Inuit students. If you wish to declare that you are an Aboriginal person, please specify:

- Status Indian/First Nation    Non-Status Indian/First Nations    Métis    Inuit

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 success. 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 5J 4L5, 780 427-8501.

Information regarding programs and services provided by the District's First Nations, Métis, Inuit Learning Services is available at the main office of the school or by calling the FNMI Office at 403 347-1165.

### Background Information

Pre-Kindergarten is designed for young children who are older than 3 years of age and younger than 5 years of age who have been identified with a developmental delay or who are English as a Second Language (ESL) learners. The Pre-Kindergarten Program offers half day programming throughout the school year. Children are provided educationally play-based activities to enhance cognitive, social, physical, communication and behaviour skills, as well as prepare young children for Kindergarten. Based on your child's identified needs, additional resources can be accessed. To determine additional supports or services, please provide the following information:

Which agency recommended your child for the Pre-Kindergarten Program?

- Alberta Health Services - Speech Language Services  
 Family Doctor  
 Other - \_\_\_\_\_

Has your child received any formal assessments in the following areas?

- Speech Language Services - Date \_\_\_\_\_  
 Physician – Date \_\_\_\_\_  
 Other - \_\_\_\_\_ Date \_\_\_\_\_

What is the nature of your child's need(s)? \_\_\_\_\_

Has your child ever received specialized services in a Pre-School setting before? (e.g. Speech Therapy)    Yes    No

If yes, who provided the services? \_\_\_\_\_

Does your child have any medical needs that impact independent functioning in a group setting (e.g. allergies or medication)?    Yes    No

If yes, how will this impact your child in the program? \_\_\_\_\_

Does your child have any special equipment that needs to be part of the school program (e.g. hearing aids or walker, etc.)?    Yes    No

If yes, please list \_\_\_\_\_

Are there any other services that were provided to your child not mentioned above (e.g. Family Supports for Children with Disabilities, Physical Therapy etc.)? \_\_\_\_\_

## Additional Information

In order to support your child's developmental needs and design an appropriate program, please provide additional information on your child by checking the appropriate boxes below:

<b>Self-Help Skills</b>	<b>No/Not yet</b>	<b>Sometimes</b>	<b>Usually</b>
Can dress self			
Can eat on own			
Can use a fork or spoon			
Can use the bathroom independently			
<b>Speech &amp; Language Skills</b>	<b>No/Not yet</b>	<b>Sometimes</b>	<b>Usually</b>
Uses more than 10 words			
Uses gestures or hands to talk			
Uses words to get things			
Talks in sentences			
Will respond when name is called			
Will follow directions			
Will talk to others			
<b>Fine Motor Skills</b>	<b>No/Not yet</b>	<b>Sometimes</b>	<b>Usually</b>
Picks up objects with hands			
Can do up a zipper			
Can use scissors			
Is able to coordinate both hands			
Likes to draw, colour or paint			
Is able to sit at a table to eat			
<b>Gross Motor Skills</b>	<b>No/Not yet</b>	<b>Sometimes</b>	<b>Usually</b>
Can walk on own			
Uses stairs without help			
Walks without tip toeing			
Has good balance e.g. does not trip			
Can run on own			
<b>Social Skills</b>	<b>No/Not yet</b>	<b>Sometimes</b>	<b>Usually</b>
Plays well with other children			
Plays well alone or by self			
Is able to take turns when playing			
Listens to adults			
Can go without parents			
<b>ESL</b>	<b>No/Not yet</b>	<b>Sometimes</b>	<b>Usually</b>
Speaks English			
Uses more than 10 words in primary home language			
Talks in sentences in primary home language			
Will follow directions in primary home language			
<b>Medical</b>	<b>Yes</b>	<b>No</b>	<b>Date</b>
Have eyes/vision been checked?			
Have ears/hearing been checked?			

## Submitting Your Application

Please check below copies of all the required documents that are included with this application. **PLEASE NOTE: Missing documentation may delay placement consideration.**

- Birth Certificate
- Proof of Citizenship (if applicable)
- Assessments (doctor, speech/language reports), if applicable
- Alberta Health Care card

Completed application forms can be submitted to any Red Deer Public Elementary School or Central Services.

For parents applying from outside of Red Deer and for parents applying during the summer break (July 1 – August 27), we ask that application forms be forwarded to the address below:

Red Deer Public Schools  
Student Services  
4747 53 Street  
Red Deer, Alberta T4N 2E6

Phone: 403-342-3703  
Fax: 403 347-8190  
Website: [www.rdpsd.ab.ca](http://www.rdpsd.ab.ca)  
Email: [studentservices@rdpsd.ab.ca](mailto:studentservices@rdpsd.ab.ca)

As part of the Pre-Kindergarten application process, your child may receive the Early Years Evaluation – Direct Assessment (EYE-DA), which is a developmental screen used for programming. You may be contacted by a Red Deer Public School District Assessor for your child’s screening date, if applicable.

Red Deer Public Schools has a community partnership with Family Services of Central Alberta (FSCA). Part of this partnership includes the Ages and Stages developmental questionnaire, which we may request parents to complete. This will be available for you to complete during your child’s EYE-DA screening appointment, if applicable.

## FOR OFFICE USE ONLY

### BRIGHT START REFERRAL

I am referring \_\_\_\_\_ for the Bright Start program.  
(child’s name)

Background Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorized by:

\_\_\_\_\_

Signature

\_\_\_\_\_

Title

