



Christ the Teacher

ROMAN CATHOLIC SEPARATE SCHOOL DIVISION #212

45A Palliser Way, Yorkton, Saskatchewan, S3N 4C5

Telephone: (306)783-8787 Fax: (306)783-4992

Prekindergarten Application

**Information
package to assist
in the selection
process of
vulnerable
students**



**Prekindergarten is offered at
the following schools:**

Melville

St. Henry's Jr. School (306) 728-4758

Yorkton

St. Alphonsus School (306) 783-4121

St. Mary's School (306) 782-2889

Registration Forms can be dropped off at your local Catholic elementary school or at the CTCS division office: 45A Palliser Way, Yorkton, SK. or visit www.christtheteacher.ca for online registration.

Believe...Belong...Become

ELIGIBILITY

Three and four year old children are eligible to attend the Prekindergarten program. Children must have reached their third birthday by December 31st of the current school year.

PREKINDERGARTEN IS...

- Comprehensive, integrated programming within a prepared environment;
- Child-centered and focused on development of whole child – physical, social, emotional, spiritual and intellectual;
- Meaningful family engagement;
- Integrated health, social services, and educational supports;
- Cultural affirmation for all;
- Mixed age groupings;
- Intensive exposure – minimum of 12 hours per week; and,
- Professional teaching staff with a focus in early childhood education.

PREKINDERGARTEN APPLICATION INFORMATION

SURNAME:	FIRST NAME:	MIDDLE NAME:
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NAME USED (if different from legal name):

Street Address and/or Mailing Address (Box No):	City:	Postal Code:
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Home Email Address:	Home Telephone Number:
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Date of Birth: Registrar Verification Initials (Office Use Only) _____ MMM DD YYYY	Gender: ☐ Male ☐ Female ☐ Unspecified
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Baptized: ☐ Yes ☐ No (Copy will be kept on file to share with the Church for the purpose of sacraments)	Parent's Religion: Mother: _____ Father: _____ Other: _____	Child's Religion: ☐ Roman Catholic ☐ Ukrainian Catholic ☐ Other _____	Aboriginal Ancestry (Voluntary): ☐ Status First Nation ☐ Non-Status First Nation ☐ Métis ☐ Inuit
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Student Lives With: ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian	Place of Birth: (Province) ☐ Saskatchewan, Canada ☐ Other _____	Language Spoken At Home: ☐ English ☐ French ☐ Other: _____	Citizenship Status: ☐ Canadian Citizen ☐ Permanent Resident ☐ Refugee Claimant ☐ Work Visa ☐ Student Visa
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Citizenship (only complete if child is not a Canadian Citizen):
 Citizenship (other than Canadian): _____ Country of Birth : _____
 Date of Entry Into Canada: _____

Medical Information:
 Does your child have any medical needs we need to be aware of (i.e. allergies)? Yes / No
 If yes, please explain: _____

Has your child had his/her immunizations? Yes / No
 Has your child had a hearing examination? Yes / No Date of examination: _____
 Has your child had a vision examination? Yes / No Date of examination: _____

Family Doctor's Name: _____ Phone Number: _____

Emergency Contact Information (Other than Parent/Guardian):
 Name: _____ Relationship to student _____
 Address: _____ Phone Number: _____
 Babysitter Name (if applicable) _____ Phone Number: _____

PARENT/GUARDIAN INFORMATION**Mother/Stepmother/Guardian Information:**

Last Name:		First Name:		Relationship to Child
Resides with Student	Yes	No	Address (if different than Child):	
Home Phone:		Cell Phone:		Work Phone:
Email Address:				Place of Employment:

Father/Stepfather/Guardian Information:

Last Name:		First Name:		Relationship to Child
Resides with Student	Yes	No	Address (if different than Child):	
Home Phone:		Cell Phone:		Work Phone:
Email Address:				Place of Employment:

Parents are: **Married** **Common Law** **Separated/Divorced** **Single**

Please indicate if there is a custody arrangement or custody order that the school staff should be aware of:

Yes 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.

Are there any siblings living in the home?

Name: _____ Age ___ School _____ Name: _____ Age ___ School _____
 Name: _____ Age ___ School _____ Name: _____ Age ___ School _____

CRITERIA FOR ADMISSION TO PREKINDERGARTEN PROGRAM

Students will be selected for Prekindergarten based on the below criteria. Enrollment is determined by program space, availability and best placement for each child. Submission of an application form does not ensure entrance into the Prekindergarten program. All information gathered from this application process will be kept confidential and shared only with those involved in the selection process.

Please check all that apply:

- | | |
|--|--|
| ☐ Child experiencing difficulties in speech or language | ☐ Child has little or no contact with other children |
| ☐ Home language is other than English | ☐ Traumatic experience within or impacting family/child |
| ☐ Child experiences social-emotional difficulties | ☐ Low income family or on social assistance |
| ☐ Single parent or frequent parent absence | ☐ Primary caregiver has less than high school education |
| ☐ Teen parent | ☐ Family is involved with child protections |
| ☐ Parent is attending school | ☐ Child has mild overall developmental delay |
| ☐ Parent is unemployed | |

Is your child toilet trained?

- ☐ Yes
☐ No
☐ In Progress

How well does your child get along with other children?

- ☐ Very well
☐ Fairly well
☐ Needs support

Is your child currently attending any of the following:

- ☐ Licensed Daycare: _____
☐ Nursery School: _____
☐ Preschool: _____

Do you have any specific concerns or information regarding your child that we need to be aware of?

COMMUNITY SUPPORT SERVICES

Please check if you child or family is or has received supports or assistance from the following:

- ☐ 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: _____

I hereby give permission for the staff of the Christ the Teacher Prekindergarten selection team to share any of the above information in order to make an informed decision for determining students that are in need of Prekindergarten programming. Only information that directly relates to the needs of the child and family will be shared between the selection team and any of the above identified support services.

Parent/Guardian Signature: _____

Date: _____

CATHOLIC DECLARATION

I wish to have my child attend a Catholic School. I intend and desire that my child participate in the spiritual formation and atmosphere of the Catholic School. I agree to and abide by and support, to the best of my ability, the philosophy of the school division, the Religious Education Program, and the religious celebrations of the Catholic School Division.

Parent/Guardian Signature: _____

Date: _____

PARENT DECLARATION AND CONSENT

I, the undersigned, hereby represent that I have the legal authority to register the child. I declare the information that I have provided on this form is complete and accurate. I will notify the school of any changes to the information on this form.

Parent/Guardian Signature: _____

Date: _____

ACCEPTANCE OF STUDENT APPLICATION (OFFICE USE ONLY)

Student Application is granted: Yes No Student Name: _____

School: _____ Sask. Learning I.D. # _____ Start Date: _____

Student Transportation Required: Yes No Pick-up Location: _____

Signature of Principal/Designate: _____

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**.