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Holy Family RCSSD #140



Application for Admission to PreKindergarten Program

___ St. Michael School, Weyburn
___ Sacred Heart School/École Sacré Coeur, Estevan
___ St. Mary's School, Estevan

Student Information	
Last Name	
Given Names	Name Used
Birth Date YY / MM / DD	Male <input type="checkbox"/> Female <input type="checkbox"/>
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 (if different from student's)	Home Phone
Cell Phone	Email Address
Place of Work	Work Phone
Mother's Last Name	First Name
Address (if different from student's)	Home Phone
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, ages and school(s) siblings attend.

- 1.
- 2.
- 3.
- 4.
- 5.

Is there a legal custody arrangement? (documentation requested) Yes 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? Yes No

Is English your 1st language? Yes No What language do you speak? _____

Did you come to Canada from another country? Yes No

What country? _____

Are you being supported by any of the following services or programs available in our community?

Children's Learning Centre

Playschool/Preschool

Holy Family Early Learning Program *

Early Childhood Psychologist

Family Advocacy Worker

Social Services *

Speech and Language Pathologist *

Other

* Name of person(s) working with your child

Do we have permission to contact the agency if necessary to discuss programming for your child?

Yes No

Child Care Provider – before school and/or after school child care provider

Name

Address

Phone

Medical Information

Does your child have any medical/health problems? No Yes (If yes, please explain):

Does your child have any allergies? No Yes (If yes, please list):

Is your child on medication? No 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 PreKindergarten program?

Yes No

What attendance area do you currently reside in?

St. Mary's
 Sacred Heart/Sacré Coeur

Parent's signature

Date