



École Olds Elementary School Pre-Kindergarten Application



Child's Information

Legal Name of Child: _____ Female Male
Surname First Name Middle Name

Child also known as: _____ (if applicable)
Surname First Name Middle Name

Birthdate: _____ Age as of September 1 2018: ___ years ___ months
Month Day Year

Child's Address: _____ City: _____ Postal Code: _____
Suite, Street Address

Legal Land Address: _____ 911 Address: _____

Parents and/or Guardians

Child lives with: Father & Mother Father Mother Other - _____

Parent Contact 1 (Mother/Father/Guardian) : _____

Residence Phone: _____ Business Phone: _____ Cell Phone: _____

Address: _____ City: _____ Postal Code: _____
(if different from child)

Parent Contact 2 (Mother/Father/Guardian): _____

Residence Phone: _____ Business Phone: _____ Cell Phone: _____

Address: _____ City: _____ Postal Code: _____
(if different from child)

Family Doctor's Name: _____ Phone: _____

Alberta Health Care Number: _____

Citizenship

Canadian Citizen (Birth Certificate or Citizenship Papers required)

Permanent Resident/Landed Immigrant

Child's First Language: English French Other - _____

Background Information

Pre-Kindergarten is an intervention based program designed to improve areas of identified need prior to Kindergarten. Children are provided educational, play-based activities to enhance language and communication, as well as cognitive, emotional, social, creative and physical development. Based on a child's individual educational need they may be identified as severe, mild/moderate, English as a Second Language (ESL), and additional resources may be accessed in order to help determine individual need for supports or services please provide the following information:

Was there an agency that recommended your child for the Pre-Kindergarten program? (Check one or more)

- Child and Family Services
- Alberta Health Services – Speech Language Pathologist
- Day Care or Day Home Provider
- Family Doctor
- Family School Wellness Worker
- Family Supports for Children with Disabilities
- Friend or Family Member
- Healthy Families
- Library Program Facilitator
- Parent LINK
- School Staff Member
- Other - _____

How would your child benefit from a Pre-Kindergarten school experience?

Has your child received Program Unit Funding (PUF) before? Yes No

If yes, where did they attend their program? _____

Does your child have any medical needs that impact his/her ability to function in a group setting? Yes No

If yes, how might this impact your child in the program? _____

Does your child have any special equipment that needs to be part of his/her program? Yes No

If yes, please list. _____

Please list any other services that are currently provided to your child (e.g. Family Supports for Children with Disabilities, Speech and Language Therapy) _____

Do you have copies of any formal assessment(s) that were recently completed on your child? Yes No

If yes, please forward a copy of each assessment along with this application form.

Additional Information – Developmental Checklist

In order to support your child appropriately in the Pre-Kindergarten classroom, please provide additional information about your child by checking the appropriate boxes below:

Self-Help Skills	No – Not Yet	Sometimes	Consistently
▪ Can dress self.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Can eat on own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Can use a fork or spoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Can use the bathroom on own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech & Language Skills	No – Not Yet	Sometimes	Consistently
▪ Uses gestures or hands to talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Uses words to get things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Talks in sentences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Will respond when name is called.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Will follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Will have a conversation with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Motor Skills	No – Not Yet	Sometimes	Consistently
▪ Can do up a zipper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Can use scissors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Likes to draw, colour or paint.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Is able to sit at a table to eat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross Motor Skills	No – Not Yet	Sometimes	Consistently
▪ Can walk on own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Uses stairs on own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Walks on tip toes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Walks without tripping or falling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Can run on own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills	No – Not Yet	Sometimes	Consistently
▪ Plays well with other children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Plays well alone or by self.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Is able to take turns when playing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Listens to adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Can leave parents without anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English as a Second Language (ESL)	No – Not Yet	Sometimes	Consistently
▪ Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical	Yes	No	Date
▪ Have eyes and vision been checked?	<input type="checkbox"/>	<input type="checkbox"/>	_____
▪ Have ears and hearing been checked?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Consent to Release Information

Please indicate if your child has been involved with any of the following medical/professional agencies during two years:

Speech Language Pathologist Name: _____

Pediatrician Name: _____

Other Name: _____

I hereby authorize the release of my child's records from the agencies checked above to École Olds Elementary S understand all information will be treated as confidential.

Signature of Parent/Guardian

Date

Submitting Your Application

1. With this application, we ask that you include the following:
 - Copies of assessments (e.g. doctor's, speech/language reports)
 - Copy of birth certificate
2. Completed application forms can be submitted at your school's main office.
3. Parents will be contacted by May regarding eligibility.
4. For parents applying during the summer break (July 1 – August 31), we ask that application forms and specialist reports be mailed or faxed to the address below:

Chinook's Edge School Division No. 73

Attn: Student Services

4904 – 50 Street

Innisfail, Alberta

T4G 1W4

Phone: (403) 227-7070

Fax: (403) 227-3652

www.chinooksedge.ab.ca

For Office Use Only – Intake Information

Referral Date: _____ Referred by: _____

Documentation: Birth Certificate Assessment Other - _____

