



School Name: King George Community School

Date: _____

KINDERGARTEN FULL DAY APPLICATION

2021-2022

Which do you prefer (list in order of preference), options are dependent on the school?

Full Day _____

Half Day AM _____

Half Day PM _____

Alternating M/W _____

Alternating T/TH _____

In the fall of 2021, the Saskatoon Public Schools Foundation - Early Learning Equal Start Campaign will support full day Prekindergarten and full day Kindergarten in 15 of our schools.

Kindergarten full day spaces are filled throughout the year as they become available. All applications will be reviewed by a selection committee. Priority will be given to students who reside in the school catchment (neighborhood) area.

Child's Name: _____

Date of Birth: _____ (month / day / year) Age: _____

Home address: _____

1. What is your neighborhood school? _____

2. If this program is full, would you like your child to be considered for a full day program at a different school

knowing that transportation will **NOT** be provided? Yes _____

No, remain at this school in a half day program _____

Would you like your child to be on a waitlist for the full day program at this school? _____

3. Do you have any older children attending this school? Yes _____ No _____

4. Does your child attend daycare? Yes _____ No _____ If yes, which one: _____

5. Has your child been referred to, or seen by (check all that apply)

Medical Clinic _____ Speech/Language Pathologist _____ Open Door Society _____

Health Nurse _____ Early Childhood Psychologist _____ Social Services _____

Public Health _____ Early Childhood Intervention Program _____ Autism Services _____

Preschool _____ Aboriginal Head Start _____ ABCDC / KCC _____

Other _____ Occupational Therapist _____

6. What is your child's first language: _____

Please list all languages spoken in your child's home: _____

Citizenship: Canadian Citizen Yes _____ No _____ If no, citizenship: _____

Would you like to have an interpreter for school meetings: Yes _____ No _____



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7. Caregivers in your child's life:

Caregiver 1: _____ Caregiver 2: _____

Caregiver 3: _____ Caregiver 4: _____

Is there anything else that you would like to tell us about your family and the caregivers that would help us to understand your child?

8. Please tell us about your child (strengths, interests):

9. My child has difficulty or lack of experience with (check all that apply):

_____ social skills (ability and opportunity to play with other children)

_____ communication (following directions, speaking clearly, using complete sentences)

_____ attending to task (ability to focus on activities)

_____ motor skills (running, jumping, holding a crayon, doing up buttons)

_____ other (please explain) _____

PLEASE NOTE THAT THIS IS AN APPLICATION AND DOES NOT GUARANTEE ENTRY INTO THE KINDERGARTEN FULL DAY PROGRAM. YOU WILL BE NOTIFIED BY THE SCHOOL.

Contact person for the application: _____

Phone number: _____

Email address: _____