



Thank you for your interest in applying to the Preschool/Pre-K Programs. Kikinahk and Pre-Cam's partnership has allowed for us to seat 60 students at the Kikinahk Aboriginal Head Start Program and an additional 32 students at Pre-Cam Community School in their Pre-K Program.

Each year, all students are placed by the selection committee at either location. Placement requests from parents and caregivers will only be considered with appropriate documentation from a doctor or a specialist.

Since Preschool and Pre-K programs are meant to serve the most vulnerable students first, in the event that the number of applications exceeds the number of available placements, the following criteria for student selections must be considered:

- 1) Low economic status
- 2) Parents have less than a high school education
- 3) A language other than English is spoken in the home
- 4) Parent is young and unmarried
- 5) Parent(s) would benefit from a parent education component
- 6) Child displays social, behavioural, emotional, cognitive or communication challenges or delays
- 7) Family is committed to participation in the prekindergarten program
- 8) Child has had a traumatic experience

** Cooperative learning between children at different developmental stages benefits children both intellectually and socially. In addition, mixed-aged groupings relax the learning environment and age-appropriate expectations (Roopnarine & Johnson, 2005; Gerard, 2005; Edwards, Blaise & Hammer, 2009; Fosco, Schleser & Andral 2004). We are striving to have our classrooms reflect this in both locations.

Please Note:

- A student will attend the Preschool/Pre-K program closest to their daycare provider and must be living off reserve (eg. A student lives in La Ronge, but daycare is in Air Ronge, child must attend Pre-K in Air Ronge).
- Students entering Kindergarten next school year are first priority
- 3yr old's will be accepted based on the criteria above
- Students not accepted at first will be placed on a waiting list

All completed applications must be taken to Kikinahk Friendship Centre.

For more information contact:

Kikinahk AHS Preschool Coordinator, Jean Badger @ 306-425-2051 or

Pre-Cam Community School Principal, Ryan Kuppenbender @ 306-425-2226

**For more information, please review AP300 at: <https://tinyurl.com/y37krvp5>

Pre-K/Kindergarten Supplemental Form Student Registration



Student Name:	Age:
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Home Room:	Pre-K	K English	K French Immersion (PM Only)	K Cree Immersion	Session:	AM	PM
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Additional Information

After school, my child goes to:	Phone Number
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Provide the names of the people who have authorization to remove the child from the preschool:

Name and relationship to child:

Name and relationship to child:

Access Restrictions (if applicable) Note: Copy of order must be retained by office

Is there a court restraining order in place? Yes No

If yes, name of person(s) restrained:

Are your child's immunizations up to date? Yes No

Has your child ever been assessed for the following?:

Sight	Hearing	Speech	Dental	Early Childhood Intervention Plan
Psychiatrist	Psychologist	Physiotherapist	Other:	

Siblings Do you currently have other children enrolled within Northern Lights School Division #113?
If yes, please list below:

Name	Grade	School
Name	Grade	School
Name	Grade	School

Self-Care

We expect our students to be able to use the bathroom on their own, but strive to make accommodations for those who can't. Is your child completely trained? Yes No

Please provide any further information relating to your child that would be helpful in understanding and caring for your child: _____

Declaration: The information provided in this document is true, correct and complete. I will notify the school of any changes to the information on this form.

Signature of Custodial Parent / Legal Guardian	Date
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Student Registration

Admission of Resident Students



Student Information			
Student's Legal First Name		Student's Legal Middle Name	
Student's Legal Last Name		Date of Birth <small>(mm/dd/yyyy)</small>	Male Female
Student's Residence <small>House # Street Name</small>			On Reserve
<small>Town/Village</small>			<small>Prov.</small>
<small>Postal Code</small>			
Mailing Address (If different from Resident address) <small>Box #</small>			On Reserve
<small>Town/Village</small>			<small>Prov.</small>
<small>Postal Code</small>			
Home Phone	Student Cell	GRADE	
Last School Attended:		_____	
<small>School Name</small>	<small>City/Town</small> 	<small>Province</small>	
_____		_____	
See AP302 Special Status Students for out-of-jurisdiction students and foreign students		Health Service Number (HSN)	

		*Medical Information: Please provide any necessary medical information on supplemental form.	

Heritage Information* (Voluntary)	Aboriginal Eligibility* (Voluntary)
Country of Birth	If you wish to self-declare that you are an Aboriginal person, please specify:
Country of Citizenship	
First Language Spoken at Home <input type="radio"/> Cree <input type="radio"/> Dene <input type="radio"/> English Other:	<input type="radio"/> Treaty/Registered <input type="radio"/> Métis
Second Language Spoken at Home <input type="radio"/> Cree <input type="radio"/> Dene <input type="radio"/> English Other:	<input type="radio"/> Non-Status <input type="radio"/> Inuit
	Treaty Number
	Band

*If you would like to know why this information is being collected please request a copy of the *Student Registration Information* sheet.

Office Use Only

Sask. Learning Number	Grade	Homeroom
Program Enrollment	<input type="radio"/> Regular (English) <input type="radio"/> Immersion (French) <input type="radio"/> Immersion (Cree)	Date _____ <small>(mm/dd/yyyy)</small>
Information Verification	<input type="radio"/> Birth Certificate <input type="radio"/> Passport <input type="radio"/> Status Card <input type="radio"/> Other:	
Notes:		

Contact Information

First Parent / Legal Guardian	Relationship to student: <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Step-mother <input type="radio"/> Step-father <input type="radio"/> Guardian		
	First Name	Last Name	Lives with student: <input type="radio"/> Yes <input type="radio"/> No
	Home Phone	Cell Phone	Day Phone
	Email		Employer
Second Parent / Legal Guardian	Relationship to student: <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Step-mother <input type="radio"/> Step-father <input type="radio"/> Guardian		
	First Name	Last Name	Lives with student: <input type="radio"/> Yes <input type="radio"/> No
	Home Phone	Cell Phone	Day Phone
	Email		Employer
Optional Other Relevant Adult	Relationship to student: <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Step-mother <input type="radio"/> Step-father <input type="radio"/> Guardian		
	First Name	Last Name	Lives with student: <input type="radio"/> Yes <input type="radio"/> No
	Home Phone	Cell Phone	Day Phone
	Email		Employer

Emergency Contact Information

In the event of an emergency and if the primary contacts on this form cannot be reached, please specify at minimum one person which can be contacted should the need arise: _____

	Name (Last, First)	Phone	Phone Type	Relationship
Emergency Contact #1			<input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Work	
Emergency Contact #2			<input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Work	
Emergency Contact #3			<input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Work	

Declaration

The information provided in this document is true, correct and complete. I have identified all parents and legal guardians for this student. The individuals identified in the "Contact Information" section have the right to view student information and make educational decisions for this child, unless the student has registered as an Independent. **I will notify the school of any changes to the information on this form.**

Signature of Custodial Parent / Legal Guardian / Independent Student

Date: _____

Students 18 years of age and older:

Any student 18 years of age or older may self-register within Northern Lights School Division #113. **If you wish to declare independent status and limit parental access to academic information, please do so below and initial in the space provided.**

Are you declaring independent status? YES NO Initials: _____

Consent to Share Student Information

Media Relations – Pre K to Grade 9

Northern Lights School Division is seeking your consent to share information about your child as described below. Before we share any information that is not covered in this consent, we will ask your permission.

The information that we would like your consent to share is:

- student's name, grade level and age
- individual or group photos and video
- artwork, writing samples or other student work

We would like to use this information in the following ways:

1. Education purposes in the school and community:
 - school calendar, newsletter or other school publications
 - honour roll, yearbook
 - displays of student work in the school division
 - sharing copies of photos and videos with classmates
2. Public media including the internet:
 - school division website
 - congratulatory messages for graduation, academic or athletic achievement
 - media interviews
 - photos and video shared with the media
 - displays of student work outside the school division

If we share any student information we promise to:

- check that we have your consent on file
- consider the privacy interests of your child
- balance the privacy interests of your child with the educational value for students sharing the pride of their achievements

Please note that:

1. We are required by law to share personal information of students with the Ministry of Education; and,
2. in some cases, we are allowed by law to share personal information of students with other agencies such as Health when it is in the best interest of the child.

5.

Consent to Share Student Information

Media Relations – Pre K to Grade 9

1. I understand that Northern Lights School Division may share the information of my child for the purposes listed on page 1. Uses may include both education purposes and public media including the internet.
2. I understand that consent only needs to be signed once and will cover my child for as long as my child is a student registered in the Northern Lights School Division.
3. I understand that if I wish to withdraw my consent, I can immediately contact the principal in writing.
4. I understand that I can submit a new consent form to the school at any time to change my consent.

Please select one, sign and return to the school:

Yes, as the parent or legal guardian of the student named below, I give my consent to the use of my child’s information as described on page 1

(or)

No, as the parent or legal guardian of the student named below, I do not give my consent to the use of my child’s information as described on page 1

Parent/Legal Guardian – print name

X _____
Parent/Legal Guardian - signature

Student – print full legal name

X _____
Student signature is optional

Student’s age today: _____

Date of Consent: _____
Day / Month / Year

Medical Information Supplemental Form

Student Registration



This form should be completed and reviewed annually if:

- The student has any life-threatening medical or physical conditions which may result in an emergency situation
- The student or family would like to inform the school of non-life threatening medical or physical conditions which may affect behaviour, attendance, and/or success within the school environment

Student Name:	Date:
Home Room:	Grade:

Medical Information

Does the student have any life threatening medical conditions which may cause the daily possibility of an emergency? This includes, but is not limited to anaphylactic allergies (we require a doctor's note detailing the allergy), diabetes, and some seizures.

YES NO

If yes, please explain:

Does the student have any non-life threatening medical conditions which the school should be aware of? This includes, panic attacks, and non-life threatening allergies (we require a doctor's note detailing the allergy).

YES NO

If yes, please explain:

Medical Alert

Our student information system has the ability to create an informational alert which allows the above information to be shared with staff throughout the building. Would you like an alert to be created to ensure that this information is readily available to teachers*?

Do you permit the school to create a Medical Alert: Yes No

Would you like this alert to expire after a set amount of time? Yes No Date: _____
(mm/dd/yyyy)