



**PRESCHOOL AND PARENT EDUCATION PROGRAM Form 233-1
(PPEP) APPLICATION- Esterhazy and Area**

STUDENT INFORMATION

Date:

Child's Legal Name

Last

First

Middle

Date of Birth

Month/Day/Year

Male

Female

Main Phone #

Mailing Address

City/Town

Postal Code

Street Address or Land Location or Reserve Name & House #

Aboriginal Ancestry *(Please check one of the following if applicable.)*

Treaty/Registered (Status) First Nation

Non-Status First Nation

Metis

Inuit

Citizenship Information *(Please fill out if applicable.)*

Citizenship if other than Canadian

Date of Entry into Canada

Place/Country of Birth

Immigration Status

Child's First Language

Language Spoken at Home

Birth Certificate and Health Card have been Viewed/Verified

FAMILY INFORMATION

Student lives with:

Both Parents

Mother

Father

Guardian(s)

Guardians' Relationship to Student

Primary Email Address

Mother / Guardian's Name

Last

First

Home Phone #

Cell Phone #

Place of Work

Work Phone #

Father / Guardian's Name

Last

First

Home Phone #

Cell Phone #

Place of Work

Work Phone #

Are there any custody arrangements we need to be aware of?

SIBLINGS LIVING IN THE HOME

Name	Age	Name	Age
Name	Age	Name	Age

Have any siblings previously attended Prekindergarten?

EMERGENCY CONTACT INFORMATION (List someone other than parent/guardian.)

Name	Phone #
Address	Relationship to Student

HEALTH INFORMATION

Does your child have any medical/health problems or allergies? Yes No

If yes, explain:

Is your child on any medications? Yes No

If yes, explain:

Has your child had his/her immunizations?

Has your child had his/her vision checked and if so when?

Has your child had his/her hearing checked and if so when?

Doctor's Name	Phone #
---------------	---------

OTHER INFORMATION

Is your child toilet trained? Yes No

Does your child separate easily from you? Yes No

List any fears your child has:

List your child's interests:

Has your child worked with any of the following?

_____ Speech & Language - Therapist's Name

_____ PECIP (Parkland Early Childhood Intervention) - Worker's Name

_____ Occupational/Physical Therapist - Therapist's Name

_____ KidsFirst - Worker's Name

_____ Social Services - Worker's Name

_____ ASD Services (Autism Spectrum Disorder) - Workers' Names

_____ Psychologist/Early Childhood Mental Health Therapist -

_____ Other Support Services -

Criteria for Acceptance into PPEP

Submission of an Application Form does not ensure entrance into the PPEP Program and eligibility is based on certain criteria. All information in the application process is kept confidential.

Please check off any criteria you meet:

- | | |
|---|--|
| <input type="checkbox"/> financial need | <input type="checkbox"/> English is not the first language spoken at home |
| <input type="checkbox"/> foster child | <input type="checkbox"/> child has speech or communication problems |
| <input type="checkbox"/> single parent | <input type="checkbox"/> child lacks age appropriate problem solving skills |
| <input type="checkbox"/> teen parent | <input type="checkbox"/> parent has less than Gr 12 education |
| <input type="checkbox"/> parent is attending school | <input type="checkbox"/> recent major change/trauma in the family |
| <input type="checkbox"/> parent is unemployed | <input type="checkbox"/> child displays developmental delays |
| <input type="checkbox"/> family vulnerabilities | <input type="checkbox"/> child has little opportunity to interact with others the same age |
| <input type="checkbox"/> no family support | <input type="checkbox"/> child has social, emotional or behaviour issues |
| <input type="checkbox"/> child or family is involved with workers from other Support Services | |

Is there any additional information about your family that you feel your child's teacher should know?

Has or is your child attended another Early Childhood Program? (licensed daycare, day home, preschool)

Have you applied to a PreK or Early Learning Program?

After all applications have been reviewed by our selection committee, children will be accepted based on needs. If necessary, children will be placed on a prioritized wait list. You will be contacted regarding your child's acceptance.

Sharing of Information Consent Form

As a parent or legal guardian of:

I hereby give my consent for information to be shared between members of the PPEP Selection Team for the purpose of determining students most in need of PPEP programming.

Only information pertinent to a child's development and the needs of their family will be discussed and this information will be kept confidential within the "circle of care".

Members of this team may include staff from:

Good Spirit School Division such as:

- PPEP Team
- Student Services Coordinator
- Administrator
- Student Support Teacher

Sunrise Health Region Partners:

- Public Health Department

Sunrise Children's Therapy Program:

- Speech Language Pathologist
- Occupational Therapist
- Psychologist
- Physical Therapist
- Social Worker/Counsellor
- ASD Consultant
- Early Childhood Mental Health Therapist

Community Partners:

- Community Nursery/Preschool Teacher
- Community Daycare Director
- PECIP
- KidsFirst
- SIGN
- Family Resource Centre

Parent/Guardian Signature

Date