

PRE-K APPLICATION



Parent/Guardian: Please complete in order for the child to be considered for Program Unit Funding (PUF) and an enrolment spot in a BRSD Pre-K.

Child's First & Last Name: _____ Birthdate (M/D/Y): _____

Address (legal land location): _____

Completed By (Parent/Guardian): _____

Date Completed (M/D/Y): _____ Preferred Phone #: _____

Confirm if the child has any of the following:	
Diagnosis	Mark "X"
Severe Speech and Language Delays	
Physical Disability or Impairment	
Autism	
Down Syndrome	
Cerebral Palsy	
Significant Developmental Delays	
Oppositional Defiant Disorder	
Obsessive Compulsive Disorder	
Selective Mutism	
Fetal Alcohol Spectrum Disorder	
Deafness/ Severe Hearing Impairment	
Blindness/ Severe Vision Impairment	
Medical Concerns -- Please specify: _____ _____ _____	

Is this child:	
	Mark "X"
Toilet trained	
Using words to communicate	
Able to follow simple directions	
Walking independently	
Feeding independently	
Dressing independently	
Consistently making eye contact	
Able to accept a change in plans easily	
Initiating interactions with you or other children	

Has this child recently had:	
Assessment/Screening	Date (M/D/Y)
Speech Language Assessment	
Occupational Therapy Assessment	
Physical Therapy Assessment	
Psychological Assessment	
Medical Assessment	
Vision Test	
Hearing Test	

Please attach all current medical and/or therapy assessment reports that state the child's delay or disability. These can be from your pediatrician, family doctor, medical team or Alberta Health Services therapists. Assessment reports, along with this questionnaire, can be dropped through the mail slot at BRSD Division Office (5402 48A Avenue, Camrose) or sent by email to inclusion@brsd.ab.ca