



Initial In-Take Form – Parent

Please select the program you are interested in:

Preschool Enrichment Program (PEP)

Kindergarten Enrichment Program (KEP)

Legal Surname:

Legal First Name:

Middle Name(s):

Male Female

Date of Birth:

as of September 1, 2019

Legal Guardian #1:

Legal Guardian #2:

Guardian Marital Status: Single

Married

Divorced/Separated

In cases of joint custody, written permission/consent from both parents must be provided prior to assessment.

Phone Number Guardian #1:

Phone Number Guardian #2:

Email Address:

Mailing Address:

Town/City:

Postal Code:

I am willing/able to transport my child: Yes No

Transportation Address:

My **preference** for programming is: Morning Afternoon No Preference

Programming preference will be considered. However, preference choice is not guaranteed.

I agree to present my child's **Birth Certificate or Passport** at the time of assessment

Areas of strength for my child are: Language Social Skills Problem Solving

Areas of challenge for my child are: Language Social Skills/Behaviour Motor Skills

Do you plan to have your child continue with Kindergarten at a Sturgeon Public School? Yes No

If you answered NO, indicate why:

Do you have other children attending a Sturgeon Public School? Yes No

If yes, which school(s):

If your child **does not qualify** for the Preschool Enrichment Program (PEP), would you interested in a

Community Placement at a cost of \$250/month*? Yes No (*fees subject to change)