



WELCOME TO KINDERGARTEN AT GEORGE LEE SCHOOL

Children can learn and grow in a safe, nurturing environment with the help of our experienced teachers and engaging curriculum.



Play-based learning



Developmental curriculum

For More Information



www.reginapublicschools.ca



306-791-8510



Student Registration Kindergarten

Date of Application:	FOR OFFICE USE ONLY
School Receiving Application:	
Student Information	<input type="checkbox"/> Mon/Wed/Alt Fri <input type="checkbox"/> Tues/Th/Alt Fri
	SDS No. _____
	Room _____
	<input type="checkbox"/> SDS <input type="checkbox"/> PowerSchool <input type="checkbox"/> EAL

Student's Legal Name (documentation verifying student's legal name and birthdate is required for registration):
 Last: _____ | First: _____ | Middle: _____

Name Used (if different from legal name): _____

Birthdate: mm | dd | yyyy Male Female Not specified Canadian Citizen? Yes No
(If no, contact Newcomer Welcome Centre for registration.)

FOR OFFICE USE ONLY

Check documentation used to verify student's name and birthdate.
 Canadian Birth Certificate Canadian Citizenship Certificate Canadian Passport Certificate of Indian Status
 Permanent Resident Card/Document Immigration Papers
 Signature of person verifying document: _____
(If no document is shown, please contact the principal for registration.)

Home Phone: _____ | Grade: _____

Home Address: Apartment # | House # | Street | City | Postal Code

If living on an acreage or farm, please provide land location:
 Section: _____ Township: _____ Range: _____ Meridian: _____

What program are you applying for? English French

In which school division do parents/guardians reside? Regina Public *or* Other (specify) _____

School-age Siblings: Please list name, grade and school of each sibling.

Last School Attended: _____

Medical Information: Please provide any necessary medical information below or use a separate sheet and attach it to this form if needed.

School registration information may also be provided to the Saskatchewan Health Authority (SHA) for the purpose of arranging, assessing the need for, providing, continuing or supporting the provision of a service requested or required by the student. PLEASE NOTE: Prior to any service being provided to the student by the SHA, express consent will be obtained from the parent/guardian or student (if older than 18 years).

Custody and/or Contact Arrangements:

Heritage Information

The following information is collected for the Ministry of Education and disclosure is protected under *The Local Freedom of Information and Protection of Privacy Act* and all employees of Regina Public Schools must adhere to *Administrative Policy 405*.

Country of Birth: _____ Country of Citizenship: _____

First Language spoken at home: _____ Second Language spoken at home: _____

In the last school year, has the student had English-language support? Yes No

Is one or more parent Canadian/Permanent Resident? Yes No *(If no, please contact Newcomer Welcome Centre for registration.)*

Self-Declaration Information

Information on Indigenous ancestry is collected in the SDS by the Ministry of Education and Regina Public School Division to inform educational services and program decisions at the local and provincial levels. Self-declaration is voluntary and is not mandatory. Schools are required to provide students with the opportunity to self-declare their ancestry. For more information, please visit <https://www.reginapublicschools.ca/indigenous/self-declaration>.

Indigenous people are those who identify themselves to be First Nations/Registered/Treaty/Status, First Nations/Non-Registered/Non-Status, Métis or Inuit.

Based on this definition, do you consider the student that you are registering to be an Indigenous person?

Yes No

If **Yes**, please check the box that best identifies the student.

First Nations/Registered/Treaty/Status

First Nations/Non-Registered/Non-Status Métis Inuit

Parent/Guardian or Child Care Provider Contact Information (Please fill out in order of contact priority)

Contact #1:	Last Name	First Name	Relationship:
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Lives with student *OR* give address below:

Apartment #	House #	Street	City	Postal Code
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E-mail:	Place of Work:
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Home Phone:	Cell Phone:	Work Phone:
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Contact #2:	Last Name	First Name	Relationship:
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Lives with student *OR* give address below:

Apartment #	House #	Street	City	Postal Code
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E-mail:	Place of Work:
---------	----------------

Home Phone:	Cell Phone:	Work Phone:
-------------	-------------	-------------

Contact #3:	Last Name	First Name	Relationship:
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Lives with student *OR* give address below:

Apartment #	House #	Street	City	Postal Code
-------------	---------	--------	------	-------------

E-mail:	Place of Work:
---------	----------------

Home Phone:	Cell Phone:	Work Phone:
-------------	-------------	-------------

Contact #4:	Last Name	First Name	Relationship:
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Lives with student *OR* give address below:

Apartment #	House #	Street	City	Postal Code
-------------	---------	--------	------	-------------

E-mail:	Place of Work:
---------	----------------

Home Phone:	Cell Phone:	Work Phone:
-------------	-------------	-------------

Additional Contact Information

Social Worker Name: (if applicable)	Phone:
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Other:	Phone:
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Kindergarten Background Information

Early Learning Behaviours and Experiences

Is your child toilet trained? Yes No

Does your child separate easily from you? Yes No

Has your child been receiving speech therapy at Wascana Rehab. Centre? Yes No Child & Youth Services? Yes No

What is your child's first language? _____

If the child's first language is not English, at what age did the child begin to speak English? _____

Please list all languages spoken in the home _____

Do others have difficulty understanding your child's speech? Yes No

Does your child stutter? Yes No

Does your child have difficulty retelling the events of stories or TV shows? Yes No

Do you have concerns about your child's voice (hoarseness, low pitch, high pitch)? Yes No

Does your child often leave off word endings (-s, -ed, -ing)? Yes No

Please describe how your child plays (with others, by him/herself). _____

Please describe how your child shows his/her feelings. _____

Please add any additional information that would help us know your child better. _____

Is there any additional information about your family that you feel your child's teacher/principal should know (i.e. custody, medical, etc.)?

Health History

Doctor Name _____ Doctor Work Ph _____

Child's Birth Weight _____

Describe problems experienced during pregnancy with this child, at birth or immediately after birth. Provide explanation.

Please place a checkmark (✓) next to any of the following conditions that are part of your child's health history.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Draining ears | <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Back curvature | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Tubes in ears | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Heart condition | <input type="checkbox"/> FASD |
| <input type="checkbox"/> Frequent ear aches | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney condition | <input type="checkbox"/> Autism Spectrum |
| <input type="checkbox"/> Accumulation of ear wax | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Convulsive disorder | <input type="checkbox"/> Emotional problem |
| <input type="checkbox"/> Skin condition | <input type="checkbox"/> Muscle or bone condition | <input type="checkbox"/> Asthma/Lung condition | <input type="checkbox"/> Other |

Describe treatment provided and/or supervision required regarding the following health-related concerns:

Health Problem _____
Medication or Treatment _____
Cultural Food Restrictions _____
Allergies _____
Activity Restrictions _____

Does this child have a four-year-old birthday check-up with the Saskatchewan Health Authority? Yes No N/A

Has your child received his/her immunizations? Yes No Date _____

Has your child received his/her dental check-up? Yes No Date _____

Has your child received a vision test by an optometrist? Yes No Date _____

Check if your child wears the following: Eye glasses Contact lens

Has your child received a hearing test by an audiologist? Yes No Date _____

Check if your child wears or experiences the following:

- Hearing aid Permanent hearing loss Hearing loss that comes and goes

Has your child been involved with other agencies (i.e. Open Door, ECIP, SCEP, etc.)? Yes No Provide list.

Has your child been involved with other child care programs (i.e. daycare, private preschool, Early Learning Centre, Discovery Pre-K, Communication Pre-K, Head Start, etc.)? Yes No Provide list.

Is there additional information about your child's health and development history that your child's teacher/principal should know that you would like to share or have concerns about? Provide explanation.

Check if records for your child exist at the following agencies:

- Saskatchewan Health Authority
 Wascana Rehabilitation Centre
 Social Services
 Mental Health and Addictions/Child and Youth Services
 Other _____

Permission is hereby granted to Regina Public Schools to request release of the child's records from the identified agencies:

Signature

Date

Relationship to Child

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Regina Public Schools celebrates student achievement. We strive to share this success, to help all of our students and educators learn from it; to inform parents, guardians and our school communities; and to record and report on strengths and challenges. The *Local Authority Freedom of Information and protection of Privacy Act* requires that parents/guardians and age of majority students provide informed consent before we can share any student information or images. Below is a description of the types of student information or images that the school division, school or news media may share.

School/School Division Newsletters

These documents may contain information about student, class or school achievement, upcoming events and other information that parents and guardians should know. Pictures of students and their first names may be used. This document may be printed and sent home, and/or may be available on the school website or social media platform (Facebook, Twitter).

School Division Publications

Regina Public Schools may develop informational or promotional items such as brochures, flyers and marketing materials. This information would be used to inform parents, school families and the public of programs, services and events at Regina Public Schools. This information may be printed or used on school or school division websites or social media. Student first names may be used.

Video, Multimedia, Photography created as school or school division-based projects

This material will be used for educational and information-sharing based purposes. This material will be used for professional development of staff and for student learning. It may be shared in classrooms, at conferences and meetings open to the public and on the internet. Student information shared on websites may include student first names, pictures, grade and school name.

Websites

Schools and the school division have websites. They contain information about what is going on in schools and the school division, student achievements, classroom projects and activities, as well as upcoming events and information that may be of interest to the parents, school communities, other educators and the public. Student information shared on websites may include student first names, pictures, grade and school name.

Social Media

Regina Public Schools makes use of a variety of social media platforms to inform, promote, and communicate with parents, school communities, other educators and the public. Content may include information that is used in any of the above described items and may contain student first name, school name, grade. Educational purpose information posted may also include student work assignments and projects. Social media platforms currently used include Facebook, Twitter, Instagram, YouTube, etc., as well as a variety of other information sharing platforms that are used between teachers and parents/guardians, such as SeeSaw.

News Media

From time to time, news media visits schools and may interview students. Only students who wish to be interviewed will be. News media coverage may be available publically on newsprint, radio, television, websites and social media. Student full names, grade and school name may be used. Any interviewing of students that is done will always be in the presence of that student's teacher, or school/school division staff member.

A Note about Sports Reporting

Students may participate in sporting events and competitions as part of a team, or annual event. These sports activities often take place in locations that are open to the public. Student achievement in sports, especially in football, hockey, basketball, track, etc. is occasionally reported on by the Regina High School Sports Association (RHSSA) and news/sports media. This reporting will usually include student full name, grade/age, school name and achievement/place/standing. As this information is documented publically, Regina Public Schools cannot control its use. Parents wishing to not have their daughter/son's information shared may have to make special arrangement with the coach/tournament.

School Yearbook

Primarily used in high schools, the yearbook includes student achievements and school activities. This document is not available on the internet, it is printed and distributed only to students and their families who purchase it.

In keeping with the Saskatchewan *Local Authority of Freedom of Information and Protection of Privacy Act (LAFOIP)*, parents/guardians and students who are of the age of majority must provide informed consent before student images, work or information is shared. The reverse side of this form describes how and where sharing may occur. Please fill out the information below as appropriate.

Note that this is a multi-year release form. By filling it out and signing it, you give your consent for the student named below (or for yourself if you are a student aged 18 or older). This form will remain in force unless changed by the parent/guardian/adult student for the duration of the student's time at Regina Public Schools. Selections on this form may be made at any time by contacting the school principal.

Student Information

Student Last Name: _____ Student First Name: _____

Authorization

Parent/Guardian Name: _____ Relationship to Student: _____

Parent/Guardian Signature: _____ Date: _____

Student Signature (if 16 years or older): _____ Date: _____

I give permission I do not give permission
for my child/ward/self to be photographed and/or have personal information shared, as described in this document.

Note: Parent/guardian consent is necessary for students younger than 16 years of age. For students 16 to 17, both parent/guardian and student consent is required. For students 18 years or older, only student consent is required.

Aboriginal Self-Declaration



REGINA PUBLIC SCHOOLS
(306) 523-3000 • www.rbe.sk.ca



REGINA PUBLIC SCHOOLS
(306) 523-3000 • www.rbe.sk.ca

School Principal
OR
Regina Public Schools
1600-4th Avenue
Regina, SK
S4R 8C8

OVERVIEW

Currently, parents/guardians of First Nations and Métis students have the choice to self-identify their child/children attending Regina Public Schools during the school registration process. The choice to self-identify and declare this information is voluntary and is not mandatory.

WHY HAVE INDIVIDUALS IN THE PAST CHOSEN NOT TO SELF-DECLARE?

Some individuals may be hesitant to self-declare as an ethnic group member for fear of being marginalized or because of past experiences. We want to assure you the use and intent of our collection of this data is for statistical purposes and school delivery of effective programs and services that will benefit students. The information **will not be used in any other way.**

WHAT IS THE PURPOSE OF THE SELF-DECLARATION FORM?

Information on a self-declaration is used solely to help define programming and services to assist in the success and achievement of Aboriginal students in and throughout their schooling experience.

HOW WILL THE INFORMATION BE COLLECTED AND HOW IS IT STORED?

The information shared is voluntary and confidential. The information will be securely stored in a computer-generated program. Access will be limited and protected. The information is stored electronically and the information is also stored in paper form in your child's student record file. These files are also kept in secure locations. All employees with Regina Public Schools are to adhere to *Administrative Policy 405* outlining confidentiality, the right to privacy and use of privileged information.

WHO WILL HAVE ACCESS TO THE INFORMATION?

Access to this information is granted to the Ministry of Education, Regina Public Schools officials and school administrators. This information is held in strict confidence and a limited number of school personnel have access to this information. Further, the information is subject to *The Local Authority Freedom of Information and Privacy Act*.

HOW ARE THE TERMS USED?

To assist with this process, it is important to understand the use of the terms as outlined and defined by Aboriginal Affairs and Northern Development Canada.

"Aboriginal peoples" is a collective name for the original peoples of North America and their descendants. The Canadian constitution recognizes three groups of Aboriginal people: Indians (commonly referred to as First Nations), Métis and Inuit. These are three distinct peoples with unique histories, languages, cultural practices and spiritual beliefs.

"First Nations people" refers to Status and Non-Status "Indian" peoples in Canada. Many communities also use the term "First Nation" in the name of their community.

"Registered Status Indian" refers to an individual recognized by the federal government as being registered under the *Indian Act* and are referred to as a Registered Indian (Status Indian).

"Non-Status Indian" refers to an Indian person who is not registered as an Indian under the *Indian Act*.

"Métis" refers to people of mixed First Nation and European ancestry who identify themselves as Métis, as distinct from First Nations people, Inuit or non-Aboriginal people. The Métis have a unique culture that draws on their diverse ancestral origins, such as Scottish, French, Ojibway and Cree.

CONFIDENTIAL ABORIGINAL SELF-DECLARATION FORM

Please check the box that best identifies your child/children. Information on a self-declaration form is used solely to help define programming and services to assist in the success and achievement of Aboriginal students in and throughout their schooling experience.

- First Nations/ Registered/Treaty/Status
 First Nations/Non-Registered/Non-Status
 Métis
 Inuit

Student Name: _____

School: _____

Grade: _____

Home Address: _____

Parent/Guardian: _____

Signature: _____



Regina Public Schools Edsby Parent Portal Access Request

To the Parents/Guardians of Regina Public Schools (RPS):

We are excited to invite you to the RPS Edsby Parent Portal for communicating with schools and engaging with your child's progress!

What is the RPS Edsby Parent Portal?

The RPS Edsby Parent Portal is a platform used to access your child's attendance records, assignments, course materials, grades, classes, school news and calendars. The RPS Edsby Parent Portal provides better access to information that will empower families to have richer and more engaging conversations at home, which could lead to further student success. There are additional communication features in Edsby that will be rolled out in the future. The Edsby Parent Portal is replacing PowerSchool Parent Portal, which is no longer available in the division.

How do parents/guardians get access to the RPS Edsby Parent Portal?

1. On this form, provide the name(s) and email address(es) of up to 2 parents or legal guardians who require access to the RPS Edsby Parent Portal. This information must match what is currently on record as your child's parent or legal guardian in our student information system. In the event the information does not match, the school will contact you.
2. Sign and return this form to your child's school.
3. Invitations to activate your RPS Edsby Parent Portal account will be sent to the email address(es) provided by you on this form as soon as the school can process the request.

*The sooner this form is signed and returned to your child's school, the sooner you will get access to the Edsby Parent Portal! We will work as quickly as we can and we appreciate your patience!

Where can parents/guardians find more information about Edsby and the Edsby Parent Portal?

Please visit <https://www.reginapublicschools.ca/edsbyparentinfo>

Name of Student: _____

School: _____

Homeroom/Advisory Teacher (if known) _____

Date: _____

Name of Parent/Legal Guardian	Email Address	Signature

(for office use only)

1. Verified Contact Info



2. Granted Access in MSS



3. Sent Invite from Edsby





EDSBY SCHOOL-CREATED NEWS (CLASSROOM-WIDE AND SCHOOL-WIDE SHARING) PARENT/CAREGIVER CONSENT

Dear Parent/Caregivers,

Edsby is an app we are using in class to manage attendance, grades, communication, student information, and to document student learning. Every student and teacher in the division will use Edsby.

One feature of Edsby is the ability to share school-created news within your child’s classroom and school. This may include images, videos and recordings of your child. When these items are shared as classroom articles, teachers may choose to make them visible to other students in the class, to other parents/caregivers or to both. When these items are shared as school-wide articles, students from other classrooms and other parents/caregivers may see them. All content shared in Edsby is protected by password and not published to the internet for public viewing.

The purpose of sharing images, videos and recordings in Edsby news articles is to:

- Celebrate student success
- Enhance student and parent/caregiver engagement
- Build a sense of school community
- Promote/recount school events

Participation in having images, videos and recordings of your child shared with other students and other parents/guardians is voluntary. I invite you to contact me with any questions or concerns that you might have.

Please sign and return a copy of this notice to indicate that you have read and understand this notice.

I, _____, being the parent/legal guardian
of _____, have carefully read and understand this notice.

Date: _____

Signature of Parent or Legal Guardian: _____

Name of Teacher: _____

School: _____



SPEECH AND LANGUAGE CHECKLIST FOR PARENTS

Some children may present speech/language and/or hearing language difficulties when they enter school. Communication skills are an important part of a child's academic program and social experience and it is important to identify any difficulties.

As parents/guardians, you are the most familiar with your child's communication skills and therefore we ask you to please complete the following checklist.

Child's Name _____ Date of Birth _____

School _____ Telephone No. _____

Kindergarten: English French Language Spoken at Home _____

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. a) Is your child's speech difficult to understand? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Does your child have trouble pronouncing any sounds? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, which sound(s) are not correct? (eg. the r, s, or l sounds?) _____ | | |
| 2. a) Does your child have trouble talking easily with others? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Does your child have difficulty explaining what happened to him/her? (eg. what he did at school, what she saw at the farm, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Does your child speak in incomplete sentences?(eg. says "I want a cookie" rather than "Want cookie") | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Does your child have trouble asking for things? (eg. "I have some?" rather than "Can I have some?") | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. a) Does your child leave off word endings? (eg. says "bat" for bats; "walk" for walked) | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Does your child confuse pronouns? (eg. says hims going"; "me want juice") | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any concerns about the quality of your child's voice? eg. hoarseness, very high or low pitch, very quiet or loud voice, sounds like he has a cold or is talking through his nose, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |

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- | | YES | NO |
|--|--------------------------|--------------------------|
| 5. Does your child repeat sounds or words?
(eg. "my-my-my dog" "g-g-g-gone") | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. a) Has your child been referred for a speech, language
or hearing problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, where? | | |
| Wascana Hospital | <input type="checkbox"/> | |
| Saskatchewan Hearing Aid Plan | <input type="checkbox"/> | |
| Child and Youth Services | <input type="checkbox"/> | |
| b) Did your child receive therapy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does your child have a history of ear infections? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes . . . | | |
| a) How frequent have the infections been? | | |
| _____ | | |
| b) Was medical treatment necessary for this problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| Tubes in the ear | <input type="checkbox"/> | |
| Medication | <input type="checkbox"/> | |
| 8. Does your child have a hearing problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| a) Can you identify the cause? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Was a hearing aid recommended? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Does your child wear a hearing aid? | <input type="checkbox"/> | <input type="checkbox"/> |

Please add any other comments or information that would help when screening your child.



REGINA
PUBLIC
SCHOOLS

We are glad you have joined us and we would like to know more about you.
This confidential form will be shared among education and health care professionals who work as a team to offer the most appropriate school program for your child.

Office use only Date _____
Date of birth confirmed by BirthCertificate _____ Other _____

Student Data

Name _____ Birthdate _____ Sex _____
Surname Given Names

Address _____ Phone _____
Street Postal Code

Mother/Guardian _____ Employer _____ Work # _____

Father/Guardian _____ Employer _____ Work # _____

Other() _____ Address _____ Phone _____

Family Doctor _____ Address _____ Phone _____

Sitter _____ Address _____ Phone _____

Caregiver in cases of storm or early dismissal _____

Names/Birthdates of siblings _____

Please list any daycares, pre-schools or nursery schools this child has attended.

Communication Skills

What is the child's first language? _____

If the child's first language is not English, at what age did the child begin to speak English? _____

Please list languages spoken in the home. _____

- Yes No ? Do others have difficulty understanding your child's speech?
- Yes No ? Does your child stutter?
- Yes No ? Does your child have difficulty retelling the events of stories or TV shows?
- Yes No ? Do you have concerns about your child's voice (hoarseness, low pitch, high pitch)?
- Yes No ? Does your child often leave off word endings (-s, -ed, -ing)?
- Yes No ? Does your child often use pronouns incorrectly (*him* for *he*, *he* for *she*)?
- Yes No ? Does your child have trouble producing any sounds or words? Please specify. _____

Early Learning, Behaviours and Experiences

What would you like us to know about your child?

- a) Please describe your child's interests, abilities and early experiences.
- b) Please describe how your child plays (with others, by him/herself).
- c) Please describe how your child shows his/her feelings.
- d) Please add any additional information that would help us know your child better.

Regina Public Schools serve to instil the value of knowledge, the dignity of effort, and the worth of the individual.

Please continue to the other side of this form

Health History

Student's Name _____

Health problems may affect your child's learning, behaviour or physical activity. Please assist us by completing the following section. If there is a history of diabetes, tuberculosis, convulsions, asthma, hayfever, eczema, hearing impairment, back curvature or similar conditions in the child's immediate family, please provide particulars and the family relationship to the child.

Child's birth weight _____ Please list any problems during pregnancy with this child, at birth or immediately after birth.

If you have any concerns about the child's development, such as age of sitting, walking or talking, please provide appropriate details.

Please place a checkmark (✓) next to any of the following conditions which are part of this child's health history.

Draining ears _____	Rheumatic fever _____	Heart condition _____	Skin condition _____
Tubes in ears _____	Hepatitis _____	Tuberculosis _____	Diabetes _____
Frequent earaches _____	Convulsive disorder _____	Emotional problem _____	Kidney condition _____
Accumulation of ear wax _____	Muscle or bone condition _____	Asthma/Lung condition _____	

Allergies (please list) _____

Serious accident or operation _____

Does child wear glasses? Yes _____ No _____ If yes, at all times _____ Classroom only _____

Wears hearing aid _____ Permanent hearing loss _____ Hearing loss comes and goes _____ Cause of loss _____

Has this child been tested by the Hearing Aid Plan or an audiologist in private practice? Yes _____ No _____

Did this child have a Four-year-old Birthday Check-up with the Regina Health District? Yes _____ No _____

If your child is under treatment or supervision for a health problem, please provide details:

Health Problem _____

Medication or treatment _____

Activity or food restrictions _____

Other comments _____

Would you like to discuss any concerns with the public health nurse _____ the teacher _____

Immunization The 4-6 year old booster dose of DPTP is recommended before entering kindergarten.

Has any immunization been received through the Regina Health District? Yes _____ No _____

If any Health District immunization was given under a different surname, please state that surname _____

Immunization has been received from _____
doctor/health agency address city

If tetanus toxoid has been given due to an injury, please give date _____

Child health records exist at the following social health agencies: Regina Health District _____ Wascana Rehabilitation Centre _____

Other _____

Permission is hereby granted to the Regina Public Schools to request release of the child's records from the identified agencies: _____

Relationship to child: _____ signature

KINDERGARTEN INFORMATION-PARENTS' RATING

Parent _____

Date _____

Your Child Prints Name Here _____

PURPOSE: Our school recognizes that parents can provide valuable information about their child that can be helpful in planning a better school program for the child. You can supply this information by responding to the items listed below.

DIRECTIONS: Read each item and check the column on the right that best applies to your child.

PERSONAL/SPEECH	NO	YES
<i>Can your child tell others his or her</i>		
1. First and last names?		
2. Age?		
3. Street address?		
4. Birthdate?		
5. Telephone number?		
BEGINNING ACADEMIC SKILLS		
6. Recognize five colors?		
7. Count to ten?		
8. Recognize numerals to five?		
9. Recognize numerals to ten?		
10. Recognize some lower case letters?		
11. Recognize some upper case (capital) letters?		
12. Enjoy and understand stories read to him or her?		

over

	NO	YES
VISUAL AND MOTOR SKILLS		
13. Recognize his or her name in print?		
14. Copy a circle and plus sign?		
15. Print his or her first name?		
16. Print his or her last name?		
17. Draw pictures that are recognizable?		
18. Try to stay within the lines when coloring a picture?		
19. Use scissors to cut paper?		
20. Assembly puzzles appropriate for ages? (15 – 20 pieces)		
SOCIAL/EMOTIONAL/SELF-RELIANCE		
<i>Does your child</i>		
21. Dress himself or herself?		
22. Button/zip his or her clothing?		
23. Totally care for toileting needs?		
24. Know which shoes goes on which foot?		
25. Usually takes care of personal items?		
26. Usually share and take turns willingly?		
27. Usually play well with at least one child?		
28. Willingly try new activities?		
29. Usually try to solve problems before seeking help?		
30. Usually accept limits set by an adult?		
31. Usually reflect a happy disposition?		
HEALTH/PHYSICAL		
32. Have good physical health and stamina?		
33. Have any medical or physical concerns that might cause a need for special services?		



Pre-Kindergarten/Kindergarten Speech-Language Screening

The ability to communicate effectively is the foundation of social, emotional and educational development. Strong communicators become strong readers and writers. Speech-Language Pathologists (SLPs) work closely with classroom teachers to support students in the development of these fundamental speech and language skills.

Students in Pre-Kindergarten and Kindergarten may be screened by the SLP *if the parent/guardian or classroom teacher has concerns regarding the child's speech and/or language development*. The screening process may be formal (spending a few minutes out of the classroom speaking with an SLP), informal (playing and conversing with an SLP in the classroom) or through consultation with the classroom teacher. Students who experience difficulty with the screening may be referred for further speech and language assessment and/or intervention, or a homework program may be offered to the child's family to support speech and language development at home.

Parent permission is required before screening can occur. If you have any questions about the screening process or would like to refer your child for a screening, please contact your school's Speech-Language Pathologist.

I do _____, do not _____ give consent for the Speech-Language Pathologist to screen my child's speech and/or language skills *as referred by myself or the classroom teacher*. I understand I will be informed of the screening results and that further permission will be requested from me to continue with any assessment, intervention and/or programming.

My child is enrolled in: Pre-Kindergarten - AM Pre-Kindergarten - PM
 Kindergarten - A Kindergarten - B

Child's First/Last Name

Child's Date of Birth

School

Teacher

In the case of joint custody, both parents must sign this permission form.

Print Legal Guardian Name

Print Legal Guardian Name

Legal Guardian Signature

Legal Guardian Signature

Relationship to the Child

Relationship to the Child

Date

Date



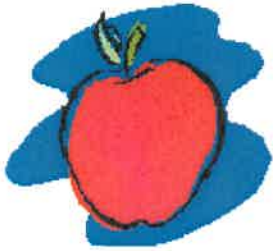
Kindergarten

Supply List

2024 - 2025

Please send these items on the first day to school:

1. 1 - pair of Velcro closing gym runners (marked with name)
2. 4 – glue sticks
3. 1 – bottle of white glue
4. 1 – backpack (marked with name)
5. 2 - packages of Crayola markers
6. 1 - box of Kleenex
7. 1 – twin pocket duotang
8. 2 – jars of Playdough
9. Small snack **DAILY** (NO PEANUT BUTTER or NUT PRODUCTS) water bottle for drinking (no juice please)
10. One Poly (plastic) Envelope (velcro or string tied)
11. 1 – pair of scissors (right or left hand specific)
12. 1 box of (24) crayons
13. 1 – box of large zip lock bags
14. 1 – 4 pack Expo low odor Dry Ease Markers
15. 1 – Hilroy coil scrapbook
16. 2 – pkg of baby wipes
17. 1 – individual water color paint set
18. 1 – container of disinfectant wipes
19. 1 – Clear plastic shoe box (Dollarama)



As field trips arise, parents will be notified of costs.