



For Office Use
Received Date

B2375 Saskatchewan Avenue West
Portage la Prairie, MB R1N 4A6

Phone: 204-857-3726 / Fax: 204-239-6545

Website: www.westparkschool.com / Email: director@steppingstoneseducare.com

Junior Kindergarten Application Form

General Information

Class Days and Times: Tuesday & Thursday from 8:45 am to 3:30 pm

Closure: Junior Kindergarten will be closed during Christmas, spring, and summer breaks.

A meeting with the Centre Director, with the child, will proceed with submission of application. Submission of application does not guarantee enrollment.

The Centre Director will make final admission decision. Please be informed that all children must be fully potty trained and of appropriate age to apply for Junior Kindergarten.

Child Information

Child's Legal Name: _____

Gender: _____

Name Commonly Known As: _____ **Date of Birth:** _____
(MM/DD/YYYY)

Father/Guardian: _____
(First Name/Last Name) (Email)

(Cell #) (Place of Employment) (Work Phone #)

(Full Address Required: If you reside outside of city limits please provide your PO box number, rural road name/number as well as your yard site number.)

Mother/Guardian: _____
(First Name/Last Name) (Email)

(Cell #) (Place of Employment) (Work Phone #)

(Full Address Required: If you reside outside of city limits please provide your PO box number, rural road name/number as well as your yard site number.)

Child Information Continued

Child lives with (Check all that apply):

Parents Father Mother Legal Guardian Foster Parents Other

Joint Custody: Please note that a copy of legal documentation must be provided to the school

Are there any separation agreements, court orders, or other documents setting out custody arrangements of the child? If documents are not provided, we cannot ask police to enforce custody arrangements.

Please Select:

If yes, date submitted: _____ (MM/DD/YYYY)

Emergency Contacts

If the listed Parents/Guardians are unavailable in case of illness or emergency, the school should contact:

Emergency Contact 1

Name: _____ Relationship to Child: _____

Address (Full Address Required): _____

Phone # (During Junior Kindergarten Hours): _____ Cell #: _____

Emergency Contact 2

Name: _____ Relationship to Child: _____

Address (Full Address Required): _____

Phone # (During Junior Kindergarten Hours): _____ Cell #: _____

List 3 additional contacts who have permission to pick up your child (Must be different than Emergency Contacts):

Please notify us when any of these contacts will be picking up your child

1. _____ 2. _____ 3. _____

Medical Information

Child can not attend Junior Kindergarten without the following information:

Family Medical #: _____ Child's #: _____ Doctor's Name: _____

Doctor's Phone Number: _____ Does your child have any allergies? Please Circle (YES / NO)

Describe: _____

If this is a life-threatening allergy, is your child prescribed an epi-pen? Please Select

If yes, arrangements for emergency care must be made with the Preschool Director. Anaphylaxis policies and procedures will be distributed. A permission form must be completed for us to administer the adrenaline auto-injector when needed.

Health Information

Does the student have a diagnosed health condition?

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Inhaler | <input type="checkbox"/> Seizures | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Allergy _____ | | <input type="checkbox"/> EpiPen |

Other, please specify: _____

**Please note: Any medication needed to be administered during the school day, must be kept in the school office.*

Any other information the school should have about the student's health: _____

Support Services

Please indicate if this child has utilized any of the following services:

Mental Health Care	Family Support	Therapy from a specialist at school or outside	Any other work with an outside agency	Other
<input type="checkbox"/> Psychiatrist <input type="checkbox"/> School Counsellor <input type="checkbox"/> Psychologist	<input type="checkbox"/> Child and Family Services – been in care <input type="checkbox"/> Social Work	<input type="checkbox"/> Speech and Language <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physiotherapy	<input type="checkbox"/> Please explain on next page	<input type="checkbox"/> Please explain on next page

Has this child ever been documented for inclusion support purposes? Please Select: _____

**The support Services information will only be shared with appropriate individuals and is only used to provide services to your child if deemed necessary. **

I give consent for my child to be observed and documented by the staff of Stepping Stones and additional support service personnel.

Date: _____ (MM/DD/YYYY) Signature: _____

Additional Information

Please describe your child's interests, hobbies, and activities: _____

Has your child ever been in nursery school or day care before? _____ If yes, where and for how long?

Does your child require assistance in toileting? _____ Explain: _____

Please note any medical, developmental or emotional conditions/diagnosis of your child: _____

Please note any recent changes that may affect your child's adjustment to Junior Kindergarten (ie: separation, death, move, birth of a new baby, illness, etc.)

Parent/Guardian Consent

I give permission for my child to accompany Junior Kindergarten on field trips. I understand that this includes excursions on foot or with the bus. Ratios and safety are always a priority. Advance notice will be given, and a signed permission form will be required before a child can leave the school property.

Date: _____ Signature: _____
(MM/DD/YYYY)

I give permission for my child, in the case of an emergency, to receive medical procedures deemed necessary by my physician or any other physician selected by the facility. I understand that this will happen only after all attempts have been made to contact the parents and/or guardians as listed on the registration forms at the facility. I will accept financial responsibility for any emergency medical care that may be necessary.

Date: _____ Signature: _____
(MM/DD/YYYY)

I authorize the preschool to apply insect repellent on my child when children are at risk of insect bites and to apply sunscreen during the season when children are at risk from the sun.

Date: _____ Signature: _____
(MM/DD/YYYY)

I give permission for members of the media and staff, at the discretion of the Director, to take pictures/video of my child. Photos may be used for Preschool/School promotion or in preschool, school yearbook or preschool, school yearbook, or preschool Facebook page.

Date: _____ Signature: _____
(MM/DD/YYYY)

I understand that Stepping Stones Educare has an indirect supervision policy that allows my child to be out of direct eyesight for short periods of time (for example: when using the bathroom). During these short periods staff are aware of what my child is doing through hearing supervision and frequent verbal and visual checks. Staff will ensure that children who are completing tasks while indirectly supervised are developmentally capable of doing so.

Date: _____ Signature: _____
(MM/DD/YYYY)

As this child's parent/guardian, I have read and understand the policies in the Stepping Stones Educare policy and code of conduct. I agree to support the centre applying these principles in the care of my child.

Date: _____ Signature: _____
(MM/DD/YYYY)



For Office Use
Application/\$50 Admission Fee
Received Date

B2375 Saskatchewan Avenue West
Portage la Prairie, MB R1N 4A6

Phone: 204-857-3726 / Fax: 204-239-6545

Website: www.westparkschool.com / Email: childrenscentre@westparkschool.com

Invoicing

- The total for September 2024 to June 2025 is \$770. This amount is calculated as 77 days times \$10 per day.
- Invoices will be sent by email every 4 weeks. Alternatively, parents/guardians will have opportunity to pay the full amount before the year begins.
- Payment is due 2 weeks from invoice date.
- Accepted payment methods: Cash or cheque payable to Westpark School.
- The following link will take you to the subsidy application process: direct3.gov.mb.ca/CCO/FamilyEN
- If you have any subsidy related questions, please contact Brittany Thiessen at childrenscentre@westparkschool.com

Junior Kindergarten Admission

Upon admission into our Junior Kindergarten program please ensure all the following items are completed:

- \$50 deposit (refundable until August 31). Deposit goes toward final payment of the year.
- URIS information if required.
- Photo of your child.
- Subsidy approval if required.
- Signatures of consent.
- Signed parent policy and code of conduct.