CONNECT
PRE-KINDERGARTEN
Discover • Engage • Ignite
14 Neslia Place, Moose Jaw, SK, S6J 1M9
office@mjac.org, (306) 692-4616

APPLICATION FORM
2020-2021

Student Information

Full Name: _____

Gender: Male / Female Birth Date: _____

Mailing Address: _____

Child's First Language: _____

Is your child fully potty trained? Yes / No

Are you applying for any other Pre-Kindergarten or Preschool program? Yes / No

If yes, which one? _____

Mother's Information

Name: _____

Mailing Address (if different than child): _____

_____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Occupation: _____

Email Address: _____

Father's Information

Name: _____

Mailing Address (if different than child): _____

_____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Occupation: _____

Email Address: _____

Child Lives With:

□ Both Parents □ Mother □ Father □ Alternating □ Other

Health and Emergency Information

Health Card Number: _____

Doctor: _____ Phone: _____

Allergies: _____

Does your child have any medical conditions or physical challenges (including hearing or visual impairments) that we should be aware of?

Yes No (If yes, please elaborate on the back of this page.)

Does your child have any suspected or diagnosed learning, behavioral, social or emotional difficulties (including but not limited to ADD, ADHD, ODD, FAS, Autism Spectrum Disorder, Learning Disabilities, COG Impairment, Speech Delay or Mental Health Concerns)?

Yes No (If yes, please elaborate on the back of this page.)

Emergency Contacts (other than parents, in Moose Jaw, please provide at least one):

First and Last Name	Phone Number	Relationship to Child
1.		
2.		
3.		

In the event of an emergency where the parents or the above contacts cannot be reached, do you give permission for Connect Pre-Kindergarten to transport your child to a doctor or hospital or to call 911 for help in that transportation?

Yes No Initial: _____

In the event of an emergency where one of the above contacts cannot be reached, do you give permission for treatment by a doctor or emergency medical service (EMS)?

Yes No Initial: _____

Permissions and Liability

Although we strive for independence, sometimes a child may need help. Do you give permission for Connect Pre-Kindergarten to assist your child with toileting?

Yes No Initial: _____

Do you give Connect Pre-Kindergarten permission to take pictures of your child to be posted in the classroom, hallway or on a **private** Facebook page?

Yes No Initial: _____

Do you give Connect Pre-Kindergarten permission to use pictures of your child for advertising purposes or on a **public** Facebook page?

Yes No Initial: _____

The following individuals have permission to pick up my child (other than parents):

First and Last Name	Relationship to Child
1.	
2.	
3.	
4.	

I wish to enroll the child identified on this form in Connect Pre-Kindergarten from September 2020 through May 2021. I understand that, once my child has received an acceptance letter into the program, a non-refundable registration fee of $100 will need to be paid.

Please select one of the following options:
□ I would like to pay $1125 for the full year on or before September 8, 2020.
□ I would like to pay $140 per month on the first day of each month.

Parent Name (print): _____

Parent Signature: _____

Date: _____

Completed forms can be dropped off at Moose Jaw Alliance Church (14 Neslia Place) during office hours (Mon 9-12:30, Wed 9-5, Thur 12:30-5:30) or emailed to office@mjac.org.