



Cornerstone Christian School
 43 Iroquois St E
 Moose Jaw, SK S6H 4S9
 (306)693-2937
ccsoffice@ccsmj.ca

PRE-SCHOOL APPLICATION

Days Preferred: Mon/Wed am (2nd class if needed will be offered on Tuesday/Thursday am)

Student's Full Legal Name _____
 Student's Preferred Name: _____ Birthday (ie. June 7, 2012): _____
 Complete Home Address: _____
 Home Phone Number: _____
 Student's Gender: _____ Previous School: _____

Citizenship:

Student's Birth Country: _____
 Student's Citizenship 1: _____
 Students Citizenship 2: _____

If not a Canadian Citizen, please answer the following:

Does student have a permanent residency card? **Y N**
 Is student a temporary resident? **Y N**
 Is student in Canada on a student visitor visa? **Y N**
 Do parents/guardians have a work permit? **Y N**
 Does student have a study permit? **Y N**

What Language is primarily spoke in your home? _____
 What is your child's first language? _____
 Does your child speak any language other than English? _____
 If so, which other language do they speak? _____

Would you voluntarily self-declare as being of aboriginal ancestry? Y N

If yes, please request an Aboriginal Self-Declaration Form.

Parent/Guardian Contact Info:

Mother's Name: _____ Father's Name: _____
 Mother's Cell #: _____ Father's Cell #: _____
 Mother's Email: _____ Father's Email: _____
 Mother's Occupation: _____ Father's Occupation: _____

Do both parents live together with the child? **Y N** If not, who does the child live with? _____
 Does Student have siblings NOT attending CCS? If so, please list their names as well as their Birth Date (ex. Jan 1, 2002) and Grade: _____

Church Affiliation:

Does your family currently attend church? **Y N**
 Which church does your family attend? _____
 Pastor's Name: _____
 In what ways does your family live out their faith in Jesus Christ?



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Medical Information:

Does your child have any medical conditions such as epilepsy, asthma, heart conditions, diabetes, etc.? If yes, please explain. _____

Is your child on any long-term medication? Please list and explain. _____

Does your child have any known allergies? If yes, please list child's name and known allergies?

Has your child ever been assessed by or worked with a Child Psychologist or by a psychologist through Public Health, Early Intervention, Mental Health or a private clinic? If yes, when? What were the concerns?

Has your child received, or has it been recommended that your child receive services (evaluation or treatment) from a Speech Language Pathologist or Occupational Therapist through Public Health, Early Intervention, a private practitioner, or through your child's school? If yes, please explain the concern(s), recommendations and any service received?

Diagnosis:

Please identify and explain any challenges which have been diagnosed or suspected:

Attention Deficit/Hyperactivity Disorder (ADHD) _____

Oppositional Defiance Disorder _____

Prenatal Substance Exposure (Alcohol or Drugs) _____

Autism Spectrum Disorder _____

Intellectual or COG Impairment _____

Global Development Delay _____

Hearing Impairment _____

Visual Impairment _____

Physical Impairment _____

Mental Health Concerns _____

Separation Anxiety _____

Selective Mutism _____



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Please answer the following questions by circling "Y"(yes) or "N" (no).

- | | |
|---|--|
| Strangers can easily understand my child's speech Y N | My child will take care of belongings Y N |
| My child speaks in complete sentences Y N | My child cries easily Y N |
| My child listens attentively to a story Y N | My child can toilet him/herself Y N |
| My child can answer simple questions about a story Y N | My child will play well with others Y N |
| My child knows his/her full name Y N | My child is nervous Y N |
| I read to my child everyday Y N | My child is shy Y N |
| My child is able to follow simple instructions Y N | |

What is your child's favourite television program? _____

Has your child ever attended any other early year's programming? (Example – church programs, library programs, sports programs, another preschool) _____

What is your child's favourite indoor play activities? _____

What is your child's favourite outdoor play activities? _____

Have you applied to any other preschool/prekindergarten programs? If so, which ones? _____

Cornerstone strives to meet the needs of students and families. It is imperative that all needs be identified during the application process to ensure that appropriate programming and staffing are available for the student upon his or her enrollment. Admission may be denied if this form is incomplete or revoked if pertinent information about your child's needs is omitted. Please be advised that Cornerstone Administration may contact your child's current/previous school for further information.

 Parent 1 Signature

 Date

 Parent 2 Signature

 Date