



Application for *Children Communicating, Connecting and in Community* Preschool

Child Information				
Last Name:		First Name:		Middle Name:
Child's Date of Birth (Day/Month/Year):				
Is your child deaf or hard of hearing? Yes No				
If yes, please attach a copy of the audiology report.				
If not, please explain the connection to the deaf and hard of hearing community.				
Family Information				
Parent Name:		Parent Name:		
Address:		Address:		
City/Town:		City/Town:		
Postal Code:		Postal Code:		
Contact Information				
Home #:		Home #:		
Cell #:		Cell #:		
Work #:		Work #:		
Email:		Email:		
What is the best method to contact you?				
Neighbourhood School Name (Where are you planning to have your child attend Kindergarten?):				
Are you able to arrange transportation for your child to and from the program? Yes No <i>Please note that transportation is not provided and is the responsibility of the family.</i>				

Tell us about your child's development

Please outline the strengths and needs of your child in the following areas:

• Social/Emotional development (*playing with other children, interacting with adults, ability to identify and express emotions*) (Max. 1000 characters)

• Intellectual Development (*following directions, problem solving, creativity, anticipating, curiosity*) (Max. 1000 characters)

• Communication Needs: (*communication modality - sign language or oral, use of hearing aids or cochlear implants, describe scope of hearing loss, understanding of language etc.*) (Max. 1000 characters)

• Physical development (*walking, running, jumping, holding a crayon, catching a ball or using a spoon*) (Max. 1000 characters)

• Other developmental needs to be aware of? (e.g. *feeding, toileting, sensory*) (Max. 1000 characters)

• Is there anything else you would like to share about your child and/or family? (Max. 1000 characters)

• Please explain why you would like your child to participate in this early learning program. (Max. 1000 characters)

Signature of Parent _____

Date of Application _____

Please send application for admission and accompanying documents, including an audiology report to confirm the existence and scope of the child's hearing loss to:

Saskatchewan Deaf and Hard of Hearing Services

#3-511 1st Avenue North

SASKATOON SK S7K 1X6

Phone: 306-665-6575

Email: saskatoon@sdhhs.com

Following receipt of the application you will be contacted to gather additional information and discuss options for your child.



SDHHS

Saskatchewan Deaf and
Hard of Hearing Services
Bridging the Gap