**2020-2021**

Pembina Hills Public Schools Early Learning Program:

**APPLICATION FORM: D-Prep Program**

Pembina Hills Public Schools offers an Early Learning Program for children with complex and mild/moderate needs who require specific skill instruction in a small, play based learning setting. The classes will consist of a variety of learners including typically developing children. The program is structured to meet the needs of each child with an emphasis on learning through play, guided by a qualified staff. Meeting the needs of all children in the program may dictate the times/days your child attends.

**Applications will be reviewed and you will be contacted to discuss your child’s eligibility for the program in your attendance area. Completion of the application form is not a guarantee of service.**

Age requirement:  All children must be a minimum of 3 years of age by September 1st or as determined by availability in the program.

There must be a commitment to regularly attend the entire year to be confirmed in the program. Parents of children who qualify for Program Unit Funding must make a commitment to attend family oriented programming opportunities throughout the year.

Program fees for children not eligible for Program Unit Funding by Alberta Education (PUF) or Mild/Moderate Funding are:

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| --- | --- |
| **2 DAY PROGRAM**  | **MONTHLY COST** |
| Tuesday/ Thursday/- PM | $108.00 |

\*\* **Payment for your child’s Early Learning program fee can be issued either by** **post-dated cheques, VISA, or Mastercard.** **Cheques are made payable to Pembina Hills Public Schools.**

Children coming into the program after the 15th of the month will be charged ½ the monthly cost for that month.

Number of days of your child’s program will be determined by the Early Learning School Team.

**\*PUF refers to early learning funding for children with identified severe delays in development.**

**Screening process:**  Some children may be eligible for funding for the program fee.  To determine this and to facilitate programming, all children attending the program are screened by our multidisciplinary team. If you have any reports (Speech Language, Occupational Therapy, Behavior, Vision, Hearing, and Medical) that may facilitate this process, please ensure to include them in your application.

**Have you included:**

* *Birth certificate of your child*
* *Current assessments on your child (SLP, OT, Behavior and/or Medical reports)*
* *Completed application*

**Speech & Language:**

Do you have any concerns regarding your child's speech or language development? **Yes No**

If yes, please describe:

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**Sound Production Development:**

Is your child's speech easily understood by family members? **Yes No**

Is your child’s speech easily understood by others? **Yes No**

Does your child say the following sounds correctly?

K **Yes No**

F **Yes No**

S **Yes No**

**Language Development:**

Does your child understand instructions used at home? **Yes No**

How does your child use words to communicate?

 **Single words Word combinations Full sentences**

Does your child communicate his/her thoughts & ideas clearly and without difficulty? **Yes No**

**Has your child received a speech – language assessment?** **Yes No**

If yes, when and where?

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**\*\*Please include a copy of the assessment in the application. If you have any concerns please ensure your child has had an assessment. Contact Alberta Health Services (349-3316-Westlock, 674-3408-Barrhead) regarding these assessments. *These should be completed prior to attending the program.***

**Has your child received a hearing assessment? Yes No**

(Hearing assessments are provided by Wildrose Audiology through your Health Unit and are free of charge)

**Has your child received a vision assessment? Yes No**

(Vision assessments are provided by your optometrist)

**Fine & Gross Motor Skill Development**

Please comment on your child's FINE MOTOR abilities (cutting with scissors, holding a pencil, manipulating small objects etc.)

Please comment on your child's GROSS MOTOR abilities (climbing, running, jumping etc.)

Please describe your child’s ability to play cooperatively with other children.

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How does your child handle change?

Does your child willingly share with others? **Yes No**

Describe how your child responds to discipline?

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Is there anything else you would like us to know about your child?

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**Additional Information**

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| What year will your child start Kindergarten? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 Date application is submitted:

**FOR OFFICE USE ONLY**: **APPLICATION APPROVED: DATE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2 HALF DAY 4 HALF DAY