

Child Information						
Last Name:	First Name:	Middle Name:				
Child's Date of Birth (DD/MM/YR):						
Date Baptized :						
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?						
Neighborhood School Name:						
Background Information *Support Services will not be contacted until a consent to contact has been signed.						
Please indicate the support services that your child receives and the frequency of services *Referral-referral has been made; awaiting appointment. *Report Available-a report has been completed and can be obtained for review.						
	N/A	*Referral	Weekly	Monthly	Yearly	*Report Available
Speech-Language Pathologist Name: _____ Phone/Email: _____						
Physical Therapist Name: _____ Phone/Email: _____						
Occupational Therapist Name: _____ Phone/Email: _____						
Psychologist Name: _____ Phone/Email: _____						
Hearing Specialist Name: _____ Phone/Email: _____						
Vision Specialist Name: _____ Phone/Email: _____						
Child and Youth Services Name: _____ Phone/Email: _____						

Other Needs: (Max. 400 characters)

Is there anything else you would like to share about your child and/or family? (Max. 800 characters)

Signature of Parent

Date of Application

The information provided will be used for the purposes of determining your child's eligibility to participate in the Early Learning Intensive Support Program.

Please send application for admission and accompanying documents to:

Regina Catholic Schools
Student Services:
studentservices@rcsd.ca
306-791-7273

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