

Application- 2024/2025 - ELIS PROGRAM

(Early Learning Intensive Support Program)

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		N/A	*Referral	Weekly	Monthly	Yearly	*Report Available
*Referral-referral has been made; awaiting appointment.							
*Report Available-a report has been completed and can be obtained for review.							
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:							

- Physical Development (like running and jumping, holding a crayon, catching a ball or using a spoon) (Max. 700 characters)

Mobility: Describe how your child moves from one place to another:

Scotting

Crawling

Walking

Wheelchair

Lifting required: Yes No

Weight of child: lbs./kg.

Medical Needs: (e.g., oxygen, g-tube fed, seizures, etc.) (Max. 400 characters)

Feeding Needs: (allergies, food preferences, texture preferences, etc.) (Max. 400 characters)

Visual Needs: (glasses, visual devices, braille, etc.) (Max. 400 characters)

Sensory Needs: (sounds, lighting, touch, smell, etc.) (Max. 400 characters)

Hearing Needs: (hearing aid, sign language, etc.) (Max. 400 characters)

Toileting Needs: (Max. 400 characters)

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:
Natasha Scammell
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.