



Partnership Inquiry & Application Form

Thank you for your interest in partnering with BCESA. This form helps us better understand your centre, your current needs, and how we can best support your team and families.

CENTRE INFORMATION:

Centre Name: _____ Director Name: _____

Email Address: _____ Phone Number: _____

Physical Address: _____

Website (if applicable): _____

Type of Program: Preschool Daycare Montessori Other: _____

CURRENT ALBERTA EDUCATION SERVICES:

Are you currently receiving Alberta Education funded services (PUF or Mild/Moderate supports)?

YES NO Unsure

If yes, please provide as much information as possible:

- Which service provider are you currently partnered with? _____
- How many children currently receive PUF supports? _____
- How many receive Mild/Moderate supports? _____

CENTRE NEEDS & AREAS OF CONCERN:

Please share any areas where your centre is currently seeking additional support (check all that apply):

- Speech and language delays
- Fine motor or sensory regulation concerns
- Behaviour regulation / emotional regulation
- Flight risk or safety concerns
- Attention and participation challenges
- Social skills development

- Transition to Kindergarten planning
- Screening and early identification support
- Staff training / professional development
- Parent engagement or workshops
- Assistance navigating Alberta Education funding
- Other: _____

WHAT ARE YOU HOPING FOR IN A PARTNERSHIP?

In your own words, what would you most like to gain from partnering with BCESA?
