

## **Community Peer Preschool Program Application**

| Child Name      | :  | Date of A      | Application:       |                           |  |
|-----------------|--|----------------|--------------------|---------------------------|--|
| Date of Birth   | 1:   | Primary        | Primary Language:  |                           |  |
| Address:        |  | Other La       | Other Languages:   |                           |  |
| City & Zip C    | Code:  | Email:         |                    |                           |  |
| Parent/Guai     | rdian:   | Parent/G       | Guardian:          |                           |  |
| Child Gende     | er:  | Contact Phone: |                    |                           |  |
|                 |  |                |                    | <u> </u>                  |  |
|                 | elect ONE of the Early Childhood Edriarwood                  | ucation P      | reschoo<br>Discove |                           |  |
|                 | 65 NW Holly, Issaquah, WA. (Formerly @ unset Elementary)     |                |                    | •                         |  |
|                 | and a comonary   |                |                    |                           |  |
| _               | ting children are expected to attend                         | _              |                    |                           |  |
| end time        | s vary by location. Please indicate y Morning Session        | your sess      | ion pref∈<br>⊤     | erence:                   |  |
|                 | Afternoon Session  |                | _                  |                           |  |
|                 |  | -              | _                  |                           |  |
|                 | No Preference – Either Morning or Afternoon                  | П              |                    |                           |  |
| 4 Diagon        |  | -d ave.us -    |                    |                           |  |
| 1. Please       | e describe your child's previous organize                    | ea group o     | r prescno          | ooi experience (if any):  |  |
|                 |  |                |                    |                           |  |
| 2 Bloos         | check the skills below that your child                       | io oblo to d   | do oonsis          | stoutly,                  |  |
|                 | eparate from Parent/Caregiver to a familiar a                |                |                    | stentiy:                  |  |
|                 |  | duit of Settii | ig                 |                           |  |
|                 | ommunicate wants & needs using words                         |                |                    |                           |  |
|                 | ay alone for 5 minutes                                       |                |                    | - 0                       |  |
|                 | se the bathroom for toileting needs (may still               |                |                    |                           |  |
|                 | ere any health concerns that your child or asthma?           | would nee      | a suppoi           | rted at school, including |  |
| allergies       | or astrinia:   |                |                    |                           |  |
|                 |  |                |                    |                           |  |
| 4. Has yo       | our child received any of the following s                    | ervices?       |                    |                           |  |
| (If yes, please | e indicate the name of the agency/therapist and the dates of | f service)     |                    |                           |  |
| □ Sp            | eech/Language Pathology                                      |                |                    |                           |  |
| □ Ph            | nysical Therapy  |                |                    |                           |  |
|                 | ccupational Therapy  |                |                    |                           |  |
|                 | punseling  |                |                    |                           |  |
|                 | arent Coaching   |                |                    |                           |  |
|                 | udiology Services  |                |                    |                           |  |
|                 | <u> </u>   |                |                    |                           |  |

| 5. Please describe your child's interests, motivators, and personal strengths: |   |  |  |  |
|--|---|--|--|--|
|  |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
| 6. Ple   | ease Indicate any Volunteer Activities you may be interested in helping with:                                     |  |  |  |
| 6. Ple   | ease Indicate any Volunteer Activities you may be interested in helping with:  Materials & Project Prep from Home |  |  |  |
| 6. Ple   |   |  |  |  |
| 6. Ple   | Materials & Project Prep from Home  |  |  |  |
| 6. Ple   | Materials & Project Prep from Home  Materials & Project Prep at School  |  |  |  |

## Please return the completed application form by emailing it to:

CommunityPeerApplication@Issaquah.wednet.edu

## **Tuition:**

The Community Peer Tuition is \$245 per month. Scholarship Forms are available upon Request.