

DEVELOPMENTAL PRESCHOOL PEER MODEL APPLICATION

Return completed application to:

Deadline:

Student Information

Student Name _____ Birth Date _____ Age _____

Parent Name(s)

Address

Cell Phone _____ Cell Phone _____

Home Phone _____ Home Phone _____

Email Address _____

Home School Corp: _____

Indicate which class the application is for:

Benton ___ Frontier ___ Kank. Valley ___ Rensselaer ___ South Newton ___

Health Information

Is your child up to date with immunizations according to the state guidelines? _____

Does your child have allergies? If yes, explain. _____

Does your child have asthma or does your child use a nebulizer or inhaler? If yes, explain. _____

Has your child ever had a seizure? If yes, explain. _____

Does your child have any other diagnosis? If yes, explain. _____

Pediatrician _____

Medication _____

Is your child independent for toileting? _____ If no, explain. _____

Is English your child's first language? _____

Does your child get along with other children? _____ If no, explain. _____