

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. _____

Parents to Complete Checklist Below

1. ____ I would like my child to participate in the developmental preschool program.
2. ____ I understand that the fee is \$ 120 per month.
3. ____ I understand my child must pass a brief speech evaluation to ensure he/she is a positive speech role model.
4. ____ I understand that the program is for children with disabilities.
5. ____ I understand that my child is considered a typical peer model for students with disabilities.
6. ____ I know that if the class is full, my child will be on a waiting list and may not be able to attend.
7. ____ I will transport my child to and from school. The school will not be responsible for transportation.
8. ____ I will bring my child to the classroom and wait for him/her in the designated area each day.
9. ____ I understand my child must be independent with toileting.
10. ____ I will submit an up-to-date immunization record and other required school-related forms for my child.
11. ____ I understand that I may need to provide snacks, crayons, markers, tissues, etc., if needed.
12. ____ I understand that my child will attend the program for a month trial period, after which the school will decide if he/she is a good fit for the program and will continue to be a part of the class or not.
13. ____ I understand after the trial period, should other problems arise, and the staff determine that the placement of my child is not in the best interest of the developmental preschool program, he/she will be unenrolled.
14. ____ I understand that if information on this form is not accurate, my child will not be able to continue to attend the developmental preschool class.
15. ____ The confidentiality of the students who attend the developmental preschool program is very important. I will not disclose any information regarding the program, or the students served by the school that I may learn.

Parent Signature _____

Date _____

Office Use Only Date/Time Received _____

Staff Initial _____

Reviewed _____