



Whitehall City Schools Early Childhood Education (ECE) Program Peer Model Application

Please return to Cathy Senalik in the Whitehall City Schools Special Services Office.
625 South Yearling Road, Whitehall, Ohio 43213 - Questions? Call (614) 417-5013

Child's Name _____
First Middle Last

Date of Birth _____ Gender _____ Age _____

Parents' Names _____

Address _____
Street Apartment # (if any)

_____ City State Zip Code

Home Phone _____ Cell Phone _____

Work Phone _____ E-mail _____

Language(s) Spoken: Primary _____ Secondary _____

Toileting: (check one) Completely Independent Needs Assistance Not Trained

Concerns About Child's Overall Health and Development: (check one) Yes No

If you answered yes, please explain the areas of concern. _____

Allergies and/or Dietary Restrictions: (check one) Yes No If yes, please list:

Medications currently taking: (check one) Yes No If yes please list:

Other information

Thank you for your time and interest in Whitehall City Schools ECE Program!