



Community Peer Preschool Program Application

For best results when filling out this form on your computer, download it first and open in Adobe Acrobat Reader or the equivalent.

Child Name:		Date of Application:	
Date of Birth:		Primary Language:	
Address:		Other Languages:	
City & Zip Code:		Email:	
Parent/Guardian:		Parent/Guardian:	
Child Gender:		Contact Phone:	
Ethnicity:		Race:	

Participating children are expected to attend 4 days/week in a 2.5-hour session. Start & end times vary by location. Please indicate your session preference:

<input type="checkbox"/>	<input type="checkbox"/>	Morning Session	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Afternoon Session	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	No preference: Either Morning or Afternoon	<input type="checkbox"/>

1. Please describe your child's previous organized group or preschool experience (if any):
2. Please check the skills below that your child is able to do consistently:
Separate from Parent/Caregiver to a familiar adult or setting <input type="checkbox"/>
Communicate wants & needs using words <input type="checkbox"/>
Play alone for 5 minutes <input type="checkbox"/>
Use the bathroom for toileting needs (may still need some adult cues & support) <input type="checkbox"/>
3. Are there any health concerns that your child would need supported at school, including allergies or asthma?
4. Has your child received any of the following services? (If yes, please indicate the name of the agency/therapist and the dates of service)
Speech/Language Pathology
Physical Therapy
Occupational Therapy
Counseling
Parent Coaching
Audiology Services

5. Please describe your child's interests, motivators, and personal strengths:

6. Please describe how your child interacts and plays with other kids:

Please return the completed application form by emailing it to: specialservices@mercerislandschools.org