

Typically Developing Preschool Peer Program Application 2025-2026

Please note that applications will be accepted from February 3rd through April 25th for the upcoming school year. Only children who reside within the Enterprise City School Zone and children of employees of Enterprise City Schools will be considered for participation.



Child's Full Name _____

Age _____ Birthdate _____

Parent/Guardian's Name _____

Address _____

Telephone _____ E-Mail _____

My child's strengths are _____

My child's weaknesses are _____

Does your child have any medical conditions? _____ Yes _____ No

If yes, please specify _____

Has your child ever received any therapy? _____ Speech _____ Physical _____ Occupational

I would like to be considered for (Give order to preference 1-3) ___ Morning session ___ Afternoon session
___ Both (if available) *There are no guarantees for preference.

Assurance

I am interested in enrolling my child in the Enterprise City Schools WeeCats Preschool program as a typically developing peer to interact with preschoolers with disabilities. I agree to for my child to participate in an in-person scheduled playtime as part of the application process. When my child is accepted into the program, I accept the responsibility for transporting my child to/from the preschool program and adherence to WeeCats Preschool Policies and Procedures.

Parent/Guardian's Signature _____ Date _____

Please return completed application (pages 1-5) via email, mail or in person by April 25th to:

Special Projects Center
6500 Boll Weevil Circle
Enterprise, Alabama 36330
(334) 347-4287
jcain@enterpriseschools.net

Incomplete applications will not be accepted.

Enterprise City Schools does not discriminate based on race, color, creed or religion.

Office Use Only:

Date Received: _____

SPC Signature: _____

Full Name of Child: _____

Date of Birth: _____

DEVELOPMENTAL PROFILE

FAMILY

Mother's name: _____

Father's name: _____

Street address: _____

Street address: _____

City/Zip: _____

City/Zip: _____

Where Employed: _____

Where Employed: _____

Work number: _____

Work number: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Other children in the family:

Name: _____

Name: _____

School: _____

School: _____

Is the applicant a child of an Enterprise City School employee? Yes No

Employee's name: _____

Relationship to child: _____

Work location: _____

PERSONALITY/SOCIAL DEVELOPMENT

Does your child like to be a helper? _____

Is your child shy or outgoing? _____

Is your child a leader or follower when playing with groups of children? _____

Does your child adjust well to new situations and /or people? _____

Is your child easily redirected? _____

Full Name of Child: _____ Date of Birth: _____

SPEECH AND PHYSICAL GROWTH

At what age did your child speak in complete sentences? _____

Is the English your child speaks easily understood by others? _____

How many words does your child typically use in a sentence? _____

How long has your child been potty-trained? _____

Can your child address all of his/her toileting needs independently? _____

Please list what assistance may be required. _____

Does your child have allergies? ___ Food ___ Insects ___ Environmental

 ___ Hives/Rash ___ Breathing Difficulty ___ Medications ___ Epi-pen ___ Other

Does your child have other known health problems: ___ Asthma ___ Seizures ___ Other

Please list action required and medications prescribed:

BEHAVIORAL

What is your child's attention span like? _____

Can your child work independently on a task for 3-4 minutes or more? _____

Does your child have frequent temper tantrums? _____

How long do they last? _____

How often do they happen? _____

Can you tell what starts them? _____

If so, give examples? _____

What helps him/her calm down? _____

Would you describe your child as:

() Underactive () Active () Overactive () Extremely overactive

Full Name of Child: _____ **Date of Birth:** _____

Give any other information you think we should have about your child: _____

Please list all past and current daycares or preschool programs your child has attended:

Daycare _____ Dates enrolled: _____

Daycare _____ Dates enrolled: _____

Has your child been asked to leave a daycare or preschool program? Yes No

If yes, please explain: _____

Full Name of Child: _____

Date of Birth: _____

PRESCHOOL CHECKLIST
AGES 3-5

Read each item and think about your child's present behavior. Check each item as it applies to your child. There are no right or wrong answers.

Completed by: _____

Date: _____

How often?

	Never	Sometimes	Very Often
1. Follows your instructions.			
2. Follows instructions given by other adults.			
3. Participates in organized group activities.			
4. Introduces herself or himself to new people without being told.			
5. Asks permission before using other's property.			
6. Responds appropriately when hit or pushed by other children.			
7. Starts conversations rather than waiting for others to talk first.			
8. Controls temper in conflict situations with you.			
9. Controls temper when arguing with other children.			
10. Follows rules when playing games with others.			
11. Shows interest in a variety of things.			
12. Makes friends easily.			
13. Puts away toys or other household property.			
14. Waits turn in games or other activities.			
15. Self-confident in social situations such as parties or group outings.			
16. Joins group activities without being told.			
17. Ends disagreements with you calmly.			
18. Communicates problems to you.			
19. Speaks in an appropriate tone of voice at home.			
20. Speech is easily understood by others.			
21. Eats with a fork and spoon.			
22. Indicates need to use toilet.			
23. Uses toilet independently.			
24. Uses toilet paper.			
25. Washes hands.			
26. Pulls up underpants.			
27. Easily adapts to new situations.			
28. Easily accepts separation from caregiver.			

I understand this application does not guarantee a slot in the Enterprise City Schools WeeCats Preschool.

Signature: _____

Date: _____