Student Support Services
(360) 893-6500, ext. 4034
121 Whitesell St NE
Orting, WA 98360

Early Childhood Program

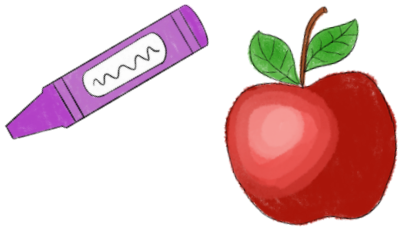
Peer Model Preschool

Thank you for your interest in the Orting School District Peer Model Preschool Program! A program for students without identified disabilities who do not have IEP services.

Placement for newly enrolled students is determined by space availability and on a first come/first placed basis. Your name will be placed on the list in the order your application is received. To be equitable, we will alternate between in-person and electronic applications. As openings arise, we will contact you and you will then have the opportunity to enroll your child in a program. After the first day of school, we will not move children between sessions - any openings will go to students who are not currently in the program.

We look forward to welcoming your child to preschool!

Thank you,
OSD Early Childhood Team



Early Childhood Program

Peer Model Preschool

Research supports the concept of having children with identified disabilities in learning opportunities with their non-disabled peers. In order to increase the variety of opportunities for this to happen, the Orting School District has developed a program for preschool-age children to participate in classes at all of our Early Childhood sites. This inclusive program is called Peer Model and the students without disabilities (Peer Models) have the opportunity to participate weekly in a high-quality, developmentally appropriate preschool program with their peers with developmental delays. Thank you for considering enrollment in our program!

Length of Program: Four days per week (Monday through Thursday) for approximately 2.5 hours each day in AM or PM sessions.

Program Dates: Students attend school from September through June. Preschool students will start the same day as the first day of kindergarten and will end one week before the last day of school for grades K-12. The district calendar is available on our website at OrtingSchools.org.

Age of Children: Three-and four-year-olds. Must be three by August 31, 2026.

Cost of Program: $2,250 for the school year - September through June, payable in one full installment or monthly installments of $225.

Transportation: Transportation may be available if capacity exists on current routes within district boundaries, but it is not guaranteed. If no room exists. Parents must provide transportation.

Important Dates *Send in your application ASAP!*

- **Aug 1:** Complete registration, immunizations, and $225 deposit to finalize enrollment.
- **End of August:** Teachers send additional information about the program to families.
- **September 8:** First day of school

Students withdrawing from program mid-year:

Withdrawals must be submitted in writing two weeks prior. Please email *satiacums@orting.wednet.edu.* **NOTE:** No reduction in the tuition amount for the year will be available if your child is withdrawn after May 15. Refunds are processed using standard Orting School District policy and procedures. A check will be mailed to you at the address on record within 4-6 weeks from the date of the request.

Payments:

Tuition for the 2026-27 school year is $2,250 for the year. Please refer to the payment options below for information on annual and monthly payments.

Payment #:	Due Date:	Amount:
1	June 13 (to confirm registration)	$225
2	September 1	$225
3	October 1	$225
4	November 1	$225
5	December 1	$225
6	January 1	$225
7	February 1	$225
8	March 1	$225
9	April 1	$225
10	May1	$225
	Year Total:	$2250

No additional fees are charged for field trips or special activities. Tuition will not be prorated for reasons such as illness or vacation, and days missed cannot be deducted from your tuition fee. District-wide closures affecting preschool will be reviewed on an annual basis. For your convenience, the annual tuition has been divided into ten equal payments regardless of the number of school days each month. Payment is **due on or before the first day** of each month. *If payment or payment arrangements are not received by the 10th of the month, your child will be withdrawn.*

Payment Options:

Annual or Monthly Payments: (Cash or checks only) Payments should be made at or mailed to Student Support Services, 121 Whitesell Orting, WA 98360. If you wish to pay in cash, please bring the exact amount as no change is available. Checks should be made payable to Orting School District.

Online Payments: Once your student is registered, Credit or Debit card payment is available online, with a small fee. Contact our office for more information about this process.

Orting School District
Connect - Inspire - Empower

Student Support Services
(360) 893-6500, ext. 4036
121 Whitesell St NE
Orting, WA 98360

Peer Model Preschool Application

To be completed by district staff when application is received:
Date: Time:

Thank you for your interest in our program! Please complete the full application and return to Student Support Services, 121 Whitesell Orting, WA 98360 or to satiacums@orting.wednet.edu

Child & Parent Information

Child's Name: ☐

Birth Date: ☐ Age on Sept 1, 2026: ☐

Gender (check one): ☐F ☐M

Address: ☐
Street Number
☐
City *Zip Code*

Child's Primary Language: ☐

Has your child attended preschool before: ☐YES ☐NO

If yes, when/where: ☐

Parents/Guardian 1: ☐
Relationship: ☐
Email Address: ☐
Phone: ☐
Primary Language: ☐

Parents/Guardian 2: ☐
Relationship: ☐
Email Address: ☐
Phone: ☐
Primary Language: ☐

Check which session you prefer:

☐AM ☐PM ☐No Preference

If preferred session is not available:

☐ Go to other session, waitlist preferred session.

☐ Waitlist for preferred session

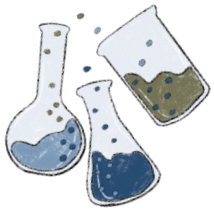
Transportation:

Transportation is only available for midday routes on a space available basis for existing district routes. Parents are responsible for AM session drop off or PM session pick up. Please check all that apply.

☐ I would like to be considered for midday transportation.

☐ If space is not available, I can still provide transportation.

☐ I can't transport (if space is not available on route child will not be enrolled).



Tell us about your child!

Please briefly provide the following information so we can get to know your child.

Please describe any previous preschool or group experience your child has had.

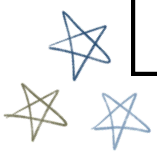
Describe your child's personality.

Describe your child's strengths and interests.

What are some of you child's favorite activities?

What would you like your child to gain from this experience?

Do you have any concerns or has anyone (doctor, family, etc.) brought up concerns with you about your child's development?



Please check the box that best describes your child.

- Can your child follow simple adult directions independently?

  ☐YES ☐NO

- Is your child toilet trained?

  ☐YES ☐NO

  Will s/he tell an adult if they need to use the bathroom? ☐YES ☐NO

- Does your child respond appropriately to yes/no questions?

  ☐YES ☐NO ☐Sometimes

- Does your child have health concerns or a diagnosed disability?

  ☐YES ☐NO

IF yes, please specify:

- Can your child sit and attend to a story or activity for 10 minutes?

  ☐YES ☐NO

- Does your child play with other children?

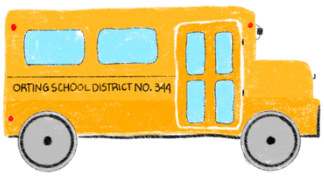
  ☐YES ☐NO ☐Sometimes

- Is your child to speak in clear sentences?

  ☐YES ☐NO ☐Sometimes

- Does your child currently have IEP/special education or in the process of being evaluated for an IEP/special education?

  ☐YES ☐NO



Signature/Acknowledgements

I understand that I am responsible for transportation to and from school if space is not available on midday routes. Midday transportation may be an option only if space if available at the time of registration. _____ *(Initial)*

_____ _____

Parent/Guardian Signature Date