OXFORD PRESCHOOL PROGRAM

PEER MODEL APPLICATION

Child's Name		Date of Birth			
Parent/Guardian Name(s)					
Siblings		Ages			
Home Add	ress				
Mailing Address (if PO Box)					
How long have you lived at this address:					
HomePhone		_CellPhone	llPhoneWor		rkPhone
Brief Developmental History					
Age in months:					
Age child sat up		Age child spoke first word			
Age child crawled		Age child used 3-word sentences			
Age child walked		Age at which child became completely toilet trained			
Age at which child gave up bottle Age at which child gave up pacifier				pacifier	
Brief Medical History - Please describe:					
Circle Y for yes Circle N for no					
 Does your child attend a nursery school? Does your child separate easily from his/her parents? Does your child speak in full sentences? Is your child talkative and friendly with other children? Do all adults understand your child's speech? Does your child dress without help? (zippers, buttons) Does your child use a pacifier? Boes your child have any allergies: 		у у у у у у	2 2 2 2 2 2 2 2	*If yes, name of Nursery School: *If yes, describe:	

What are your expectations regarding the Preschool Peer Model Program for your child?

Why do you feel your child would be a good candidate for inclusion in this preschool program?

Please read and sign the agreement below:

If my (our) child is selected as a Peer Model in the Preschool class I (we) accept the responsibilities of paying tuition of \$2,200.00 and providing round trip transportation (busing is available at an extra cost) and participating in regular home-school communication. We agree to allow the Preschool Team to assign peer models based on the screening. I understand that assignments may change at any time during the year.

(We) understand parent trainings/meetings may be required.