

# Wee Lads & Lasses Preschool

## Peer Model Student - Program APPLICATION

Office use:
Date Rcvd: _____
Class: _____
Initial: _____

Child's Name \_\_\_\_\_  
(First) (Middle) (Last)

\_\_\_ Male \_\_\_ Female Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street)

\_\_\_\_\_ (City) (State) (Zip Code)

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Child lives with \_\_\_\_\_  
(Name) (Relationship)

Email address \_\_\_\_\_

Other people in the home (Include siblings names and birthdate):

Has your child received a developmental screening or evaluation?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, were they screened or evaluated by: (Circle one or more)

Parents as Teachers, Early Head Start, Healthy Families  
America, Infant & Toddler Program or Special Education Staff

If yes, what was the approximate date of their last screening?

***A COPY OF THE CHILD'S BIRTH CERTIFICATE, IMMUNIZATION RECORD, AND  
PROOF OF USD #473 RESIDENCY MUST BE INCLUDED WITH THIS APPLICATION.***

## Wee Lads & Lasses Preschool

1. Please describe your child's previous organized group or preschool experiences
2. Describe several things that your child is very good at and some areas you feel he/she needs help or encouragement.
3. What are some of your child's favorite activities?
4. What would you hope you and your child would gain from this experience?
5. Is there anything you would like this team to know about your child or your family?
6. Does your child have any health concerns?