

**WILLINGTON CENTER SCHOOL PRE-KINDERGARTEN
PEER APPLICATION (CONFIDENTIAL) 2017-18**

Child's Name _____ Sex: M () F ()
(last) (first) (Middle)

Age _____ Date of Birth _____

Parents/Guardian _____ Email _____

Address _____

Telephone _____ Home _____ Work _____ Cell _____

Siblings _____ DOB _____ DOB _____

_____ DOB _____ DOB _____

Child's Primary Language _____

Is your child toilet trained? _____ yes _____ no

Does your child nap? _____ yes _____ no. If so, when? _____

Describe any school or play-group experiences in which your child has participated:

Please include any additional pertinent information about your child:

Did anyone refer you to the program? _____

Do any of the following conditions apply to your family?

- family income may qualify as low income
- free and reduced lunch
- family member with disability
- child's primary language is not English
- family educational background
- concerns from screening but did not qualify for services
- screened (not qualified)
- chronic stresses; family stressors
- behavior problems at home or in the community

___ none ___ 1 ___ 2 or more

For office use only: Date received _____ # on application _____