

# OXFORD PRESCHOOL PROGRAM

## PEER MODEL APPLICATION

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Siblings \_\_\_\_\_ Ages \_\_\_\_\_

Home Address \_\_\_\_\_

Mailing Address (if PO Box) \_\_\_\_\_

How long have you lived at this address: \_\_\_\_\_

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

### 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 \_\_\_\_\_

Brief Medical History – Please describe: \_\_\_\_\_

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Circle Y for yes Circle N for no

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|----|---|---|---|----------------------------------|
| 1. | Does your child attend a nursery school?                  | Y | N | *If yes, name of Nursery School: |
| 2. | Does your child separate easily from his/her parents?     |   | Y | N                                |
| 3. | Does your child speak in full sentences?                  | Y | N |                                  |
| 4. | Is your child talkative and friendly with other children? |   | Y | N                                |
| 5. | Do all adults understand your child's speech?             |   | Y | N                                |
| 6. | Does your child dress without help? (zippers, buttons)    |   | Y | N                                |
| 7. | Does your child use a pacifier?                           |   | Y | N                                |
| 8. | Does your child have any allergies:                       |   | Y | N If yes, describe: _____        |

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

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

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### 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 and participating in regular home-school communication. We agree to allow the Preschool Team to assign peer models to either the morning or the afternoon session. I understand that assignments may change at any time during the year.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

(we) understand parent trainings/meetings may be required