

Olentangy Peer Model Application

Directions: Submit your completed application by email to charlotte_davis@olsd.us; or by mail to Olentangy Preschool, Attn: Charlotte Davis, 814 Shanahan Road, Lewis Center, OH 43035. *Incomplete applications will not be accepted.*

Applications are processed in the order received. You will receive an email to confirm acceptance into the preschool program OR decision to decline the application by the end of March.

Placement decisions will be determined once the district has finalized preschool buildings in May 2018. Classroom placement and district registration information will be sent to parents via email by June 29, 2018.

Preschool classes meet Tuesday through Friday. Parents must provide all transportation to and from school. No bus transportation will be provided for peers. Peer tuition is \$170 per month (September thru May) for AM and PM sessions; \$210 per month for extended day sessions. Not all session options are available at all buildings.

*Child's Full Name (include middle name)	
*Child's Date of Birth	
*Birthplace (hospital/state, OR Country if not U.S.)	
*Has student been out of the U.S. for 90 days or more in the past 5 years? If yes, where?	
*Gender	
*Parent(s)/ Guardian(s) Name	
*Full Address	
Phone numbers	*Cell: Home:
*Email Address <i>All placement information will be communicated by email.</i>	
Your Neighborhood Home School (If Known)	
Session Preference <i>Rank your session preference (1-3). Only place a number by times that are acceptable to your schedule. Times can vary by 10-15 minutes based on building of attendance.</i>	<input type="checkbox"/> Morning (9:00/915 to 11:40/11:55) <input type="checkbox"/> Afternoon (1:00/1:15 to 3:40/3:55) <input type="checkbox"/> Extended Day (9:00/9:15 to 1:55/2:10) <i>Extended Day classes are designed for children with special needs whose communication, social behavior and developmental skills require more extensive and structured services.</i>

*Mandatory information

Peer Model Criteria Survey - Peers serve as models of age-appropriate skills for children demonstrating delays in their development. For this reason, it is critical that peers meet the criteria listed below. If after a brief trial period, your child is not able to consistently demonstrate the criteria listed below within the Olentangy preschool classroom, *your child will not be able to continue to attend the Olentangy preschool program.*

Please circle the appropriate response to the statements below regarding your child:

My child will be 4 years old by September 30 th (3-1/2 year-olds may be accepted if space is available)	YES	NO
My child is a resident of the Olentangy Local School District	YES	NO
My child is completely toilet trained, meaning he/she wears underwear and does not have daytime accidents.	YES	NO
My child separates easily from parents.	YES	NO
My child is able to follow rules. For example, hold an adult's hand when crossing the parking lot or street.	YES	NO
My child is able to follow routines. For example, washing hands by turning on water, getting soap, rinsing, turning off water and drying hands.	YES	NO
My child can attend to a preferred/self-selected activity for at least 8 to 10 minutes.	YES	NO
My child can attend to an adult-selected activity for at least 4 to 5 minutes.	YES	NO
My child plays with a variety of toys appropriately.	YES	NO
My child is able to play beside and/or with other children while sharing the same bin of toys.	YES	NO
My child speaks in clear English sentences.	YES	NO
My child talks to other children while playing.	YES	NO
My child's speech is clear and understandable by unfamiliar adults.	YES	NO
My child can understand and answer simple questions in English.	YES	NO
My child demonstrates the ability to use crayons, scissors and glue to complete a project.	YES	NO
My child is well-coordinated and is able to walk, run, jump and climb.	YES	NO

Additional information about your child:

Do you have any developmental concerns for your child in the areas of behavior, sensory, social, speech or motor development? <i>If YES, please provide details.</i>	YES	NO
Has your pediatrician, preschool teacher or day care provider ever expressed any concerns regarding your child's development or behavior? <i>If YES, please provide details.</i>	YES	NO
Does or has your child participated in Help Me Grow, Early Intervention, private speech, occupational or physical therapy? <i>If YES, please provide details.</i>	YES	NO
Has your child been evaluated by a specialist or psychologist? <i>If YES, please provide details.</i>	YES	NO
Does your child speak another language? <i>If YES, please list the language(s) and note if your child is fluent in English.</i>	YES	NO

Any additional information or comments you would like to share: