Central Unified School District
Special Education & Support Services Department

INCLUSION PRESCHOOL PROGRAM PEER MODEL APPLICATION FORM 2018-2019

REQUIREMENTS to be attached with application (only complete applications accepted):

1. Proof of residency within the Central Unified School District (copy of PG&E statement; rental agreement; or escrow statement).
2. Birth Certificate (copy acceptable)
3. Immunization Card (copy acceptable)

TIMELINES

Applications may be turned in between March 7 – April 27, 2018. Applications can be faxed to (559) 271-7211, dropped off in person in room #12 at the Central Unified District Office or mailed to: Central Unified School District; Special Education Department; 4605 N. Polk; Fresno, CA 93722. Applications received after June 9, 2017 will not be considered.

PART I. FAMILY INFORMATION

Child's Last Name:		First Name:		M:	
Child's Birth Date:		Child's Ethnicity:		Languages spoken in home:	
Parent 1 Name:					
Parent 1 Address:					
Parent 1 Phone #		E-Mail Address:			
Parent 2 Name:					
Parent 2 Address:					
Parent 2 Phone #		E-Mail Address:			

PART II OTHER HOUSEHOLD MEMBERS:

Name:		Age:		M/F	
Name:		Age:		M/F	
Name:		Age:		M/F	
Name:		Age:		M/F	
Name:		Age:		M/F	
Name:		Age:		M/F	

PART III. HEALTH & IMMUNIZATION: A copy of the following is required prior to admission into preschool (unless contrary to religious beliefs or medical condition).

- ☑ Polio – 3 doses
- ☑ DPT/DTAP/DTP – 4 doses
- ☑ MMR – 1 dose after the first birthday
- ☑ Hepatitis B – 3 doses
- ☑ Varicella – 1 dose
- ☑ HIB – at least 1 dose on or after the first birthday
- ☑ PPD / TB Test – A negative test given after 2/1/2016 or proof of a negative chest x-ray. If a positive test result was found, with a clearance of tuberculosis from your Health care provider. Students with exemptions will be excluded from school if an outbreak occurs.

PART IV. HEALTH HISTORY (please briefly describe yes answers)

1. Please explain any health problems, special considerations or limitations your child has (medical, physical, developmental delays, allergies, etc.): ______________________________
____
2. Does your child take any medication? Yes ❑ No ❑ ______________________
3. Is your child toilet trained during the day? Yes ❑ No ❑ ______________________
4. Does your child have any medical treatments? Yes ❑ No ❑ ______________________
5. Do you have any concerns about your child's vision? Yes ❑ No ❑ ______________________
6. Do you have any concerns about your child's hearing? Yes ❑ No ❑ ______________________
7. Has your child had frequent ear infections or ear tubes? Yes ❑ No ❑ ______________________
8. Who is your child's primary care doctor or Pediatrician? ______________________
9. Has your child ever received an evaluation or assessment (medical, neurological, psychological, educational)?
Yes ❑ No ❑ ______________________

PART V. BIRTH HISTORY (please briefly describe yes answers)

1. Was your child born full term or prematurely? ______________________ Birth Weight? ________
2. Is your child a twin? Yes ❑ No ❑ Or adopted? Yes ❑ No ❑ Or in foster care? Yes ❑ No ❑
3. Did mother use medication during pregnancy? Yes ❑ No ❑ ______________________
4. Did mother use alcohol or drugs during pregnancy? Yes ❑ No ❑ ______________________
5. Did mother smoke during pregnancy? Yes ❑ No ❑ ______________________
6. Did mother have health problems at birth or in their first six months? Yes ❑ No ❑ ______________________
____

PART VI. MILESTONES **(please briefly describe yes answers)**

At what age did your child sit up? ______________ crawl? ______________ walk? __________
talk? __________ toilet trained? ______________________
Has the child had group play experience? Yes ❑ No ❑ if yes describe:: ______________________
Has your child been in preschool or a daycare setting before? Yes ❑ No ❑ *Name*:______________________
Is your child currently on a waiting list for preschool? Yes ❑ No ❑ *Name*:______________ *Date Applied?*__________
Is the student currently being serviced by an Individual Education Plan (IEP)? Yes ❑ No ❑
Provided by? ______________________ Where? ______________________
Parents brief evaluation of child's personality: ______________________
____
Why do you believe your child will be a good fit for the inclusion preschool program? ______________________
____
How did you hear about our program? ______________________
Family Income *(check one)*: under $25,000 ❑ $25,001- $45,999 ❑ $46,000 and above ❑

PART VII. Class Placement Preference

My child is available for an AM or PM placement, however I prefer _______.

PART VIII. Certification: I certify that to the best of my knowledge the above statements are true…

Signature of Parent(s): ______________________________ **Date:** ______________

PART VIII. *AUTHORIZED OFFICE USE ONLY (check appropriate boxes)*

✧ Eligibility Status: ***Accepted*** ❑ ***Waiting List*** ❑ ✧ First day of enrollment: ______________ ✧ a.m. ❑ p.m. ❑
✧Placement: 3 Year Old Class AM❑ PM❑; 4 Year Old Class AM❑ PM❑
✧Signature of Authorized Representative: ______________________ Title: ______________