

Peer Volunteer Program Application

Date of Application _____ Date Received _____

Child's Name _____ Date of Birth _____

Parent/Guardian Names

_____/_____

Address _____

Phone: home: _____

City _____

work: _____

Zip code _____

cell: _____

If your child were to attend the Sunset preschool program, what days of the week would your child be available?

Monday _____ Tuesday _____ Thursday _____ Friday _____

(we prefer all 4 days if possible!)

If your child were to attend the program, would you prefer AM or PM sessions?

AM _____ PM _____ No Preference _____

Briefly answer the following questions:

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.

(over)

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 (i.e. asthma, history of seizures, food allergies, epipen, diabetes, heart condition)?

7. Has your child ever received any of the following?

Speech/Language Therapy _____

Occupational Therapy _____

Counseling _____

Thank you for taking the time to fill out our application!

Sunset ECE Team