Bristol Warren Integrated Preschool Program
Peer Application
2020- 2021

Child must be age 3 by September 1, 2020

Child's Name: _____
First Middle Initial Last

Date of Birth: _____ □ Male □ Female
(M/D/Y)

Child's full address: _____
Street Town

Parent/Guardian's Name: _____

Phone number (Home) _____Alternate phone (Work/Cell) _____

Email address for communications:_____

Is your child currently enrolled in a preschool program? □ Yes □ No

If yes, please list the name of the program _____

How long has your child attended this program? _____

As a community partner for special needs students, your child will be expected to demonstrate age appropriate communication, play skills, social behavior skills and readiness skills. Briefly explain your child's strengths and any information regarding reasons why you feel your child should participate in the integrated programs.

_____
_____
_____

All applicants must be **fully toilet trained** and participate in a child outreach screening. Once you have submitted your application, you will be contacted to schedule a screening. There is limited availability and not all children will be selected for the program.

For official use:

□ Child Outreach Screening Results_____

Please complete this form and return or mail to the
BWRSD
Student Support Services
151 State Street
Bristol, RI 02809
No later than **April 10, 2020**