

Little Mustangs Preschool Academy



Peer Role Model Preschool Application



2024-2025 School Year

Child's Name: _____ Gender (please circle one): Male Female Non Binary Date of Birth: _____

Home Address _____ Phone #: _____

Parent/Guardian Name: _____ Email: _____

Language(s) spoken at home? _____

LOTTERY FOR PEER ROLE MODEL SPOTS TO BE HELD IN JANUARY, 2024

Do you have a child that is now attending the Little Mustangs Preschool Academy?

Circle one: yes or no - Name (if yes): _____

Does your child currently receive services from Early Intervention

Circle one: yes or no - Area(s) of Service (if yes): _____

PRESCHOOL TUITION RATES FOR PEER MODELS

Please indicate your first, second and third choices for session preference

**Session Choice	Session	Session	Hours	Monthly Tuition	Annual Tuition
	2 day (3 year olds)	T, TH	8:30-11:00 (5 hrs per week)	\$232.90	\$2,329.00
	3 day (3 and 4 year olds)	M, W, F	8:30- 11:00 (7.5 hrs per week)	\$295.00	\$2,950.00
	3 day (3 and 4 year olds)	T, TH, F	12:00-2:30 (7.5 hrs per week)	\$295.00	\$2,950.00
	4 day (4 year olds)	M, T, TH, F	8:30- 11:00 (10 hrs per week)	\$351.90	\$3,519.00
	4 day (4 year olds)	M, T, TH, F	12:00-2:30 (10 hrs per week)	\$351.90	\$3,519.00
	5 day (3 year olds)	M,T,W,TH & F	8:30-11:00 (12.5 hrs per week)	\$425.00	\$4,250.00
	4 1/2 day (4 year olds)	M, T, TH, F and W	8:30-1:30 8:30-11:00 (22.5 hrs per week)	\$621.00	\$6,210.00

Parent/Guardian Signature

Date



PreK Peer Enrollment Questionnaire

Child's Name: _____ DOB: _____

Gender: Male Female Child's primary language: _____

Parent/Guardian Name: _____

Parents'/Guardians' Primary Language: _____

Relationship to Student: _____

Cell phone number: _____

Does your child have any siblings in our school district? If yes, child's name, school, and current grade _____

Has the student received any of the following Early Intervention services:

Speech _____ Occupational Therapy (OT) _____ Physical Therapy (PT) _____
Applied Behavior Analysis (ABA) _____ Other: _____

Do you have concerns with your child's development? Yes No

If yes, please indicate what your concerns are: _____

What are your child's strengths? _____

Is your child currently enrolled in one or more of the following:

Preschool/ Child Care Center: _____ Family daycare: _____ No formal program _____

Other: _____

The following questions are about your child's development. Please answer if your child is able to...	No	Yes	at what age
Understand and respond to name			
Follow one step directions (i.e. pick up your shoes)			
Put two words together (want cookie, Mommy work, Dad car)			
Able to have reciprocal conversation			
Unfamiliar adults are able to understand his/ her speech			
Feed him/herself using utensils			
Help you in dressing/undressing him/herself			
Use the bathroom independently (i.e. toilet, handwashing, etc.)			

The following questions are about your child's development. Please mark the frequency of observed behaviors.	never	sometimes	often	Very often
Is bothered by how things feel (clothes, being hugged) or loud noises				
Is easily overstimulated; winds up or shuts down				
Is unaware of dangerous situations				
Plays with or alongside other children				
Can be away from parents for 2-3 hours contentedly				
Resists separating from parents				
Has overly emotional responses that you are concerned about				
Transitions readily from one activity to the next				
Will stay in a designated area with you				
Pays attention to reading of a short story				
Can answer simple questions (i.e. "What color is the sky?" "blue")				
Demonstrates persistence with new tasks (riding scooter, puzzles, etc.)				