

# DANIEL FEENEY PRESCHOOL CENTER

Jennifer Bernard, Director of Preschool

415 Elm St. Walpole, MA 02081

508-660-7374

## 2017-2018 School Year Peer Model Application

Child's Name: \_\_\_\_\_ Gender: M / F

Date of Birth: \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Peer model students are accepted at the Daniel Feeney Preschool based on the following criteria:

1. **The child is toilet trained at the time of enrollment.**
2. The child is motivated, participates and is amenable to adult direction.
3. Speech intelligibility: 80% of speech is clear and understandable.

Has your child been evaluated through an agency, privately or through a school department? Yes / No

**Please complete this form and return to:**

Jennifer Bernard, Director of Preschool

Daniel Feeney Preschool

415 Elm Street, Walpole, MA 02081

Upon receipt of application and **non-refundable \$25.00** application fee, you will be contacted to schedule a screening for your child. Upon completion of the screening, you will receive notice of acceptance into the program or inclusion in the lottery based upon the number of applicants and available slots.

### **\*2017 PRESCHOOL TUITION RATES FOR PEER MODELS:**

**\*TUITION RATES ARE SUBJECT TO INCREASE PENDING SCHOOL COMMITTEE APPROVAL**

Session Choice**	Session	Hours	Monthly Tuition	Annual Tuition
	3 day AM	T/Th/Fr 8:45-11:15	\$215.00	\$2150.00
	4 day AM	M/T/Th/F 8:45-11:15	\$265.00	\$2650.00
	4 day PM	M/T/TH/F 12:00-2:30	\$265.00	\$2650.00
	5 day AM	M-F 8:45-11:15	\$265.00	\$2650.00
	5 day extended (Must be 4 years old by September 1)	M-F 8:45-1:45 W 8:45-11:15	\$460.00	\$4600.00

\*\*Please indicate your first, second and third choice of session

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date:

(over)

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As a parent, you have crucial information that is helpful in determining placement and assisting in school planning for your child.

You can help supply some of this information by responding to the items below. Please answer each question below to the best of your knowledge.

## **Personal/Speech:**

- |  |         |
|--|---------|
| Can your child understand position words (in/on/under)?  | Yes/ No |
| Can your child describe objects and actions in pictures? | Yes/ No |
| Can your child answer questions?                         | Yes/No  |
| Can other adults understand your child's speech?         | Yes/ No |

## **Academic Readiness:**

- |   |        |
|---|--------|
| Does your child count to 10?                                | Yes/No |
| Does your child match or know the name of shapes or colors? | Yes/No |
| Does your child listen to stories read aloud?               | Yes/No |

## **Visual/Fine Motor Skills:**

- |  |        |
|--|--------|
| Does your child draw pictures that are recognizable? | Yes/No |
| Has your child used scissors to cut paper?           | Yes/No |
| Does your child assemble puzzles?                    | Yes/No |
| Does your child stack blocks?                        | Yes/No |

## **Self-Help**

- |   |        |
|---|--------|
| Does your child care for his/her own toileting needs? | Yes/No |
| Does your child dress/undress themselves?             | Yes/No |
| Does your child drink from an open cup?               | Yes/No |

## **Social-Emotional Skills:**

- |  |         |
|--|---------|
| Does your child play well with at least one other child? | Yes/ No |
| Does your child engage in new activities willingly?      | Yes/ No |
| Does your child accept limits set by adults?             | Yes/ No |
| Does your child separate from you in familiar settings?  | Yes/ No |

## **Physical Development**

- |   |         |
|---|---------|
| Does your child go up and down stairs without difficulty? | Yes/ No |
| Does your child run and walk well?                        | Yes/No  |
| Does your child jump?                                     | Yes/No  |
| Does your child climb?                                    | Yes/No  |

- |  |         |
|--|---------|
| Do you have any concerns about your child's hearing or vision?     | Yes/ No |
| Is there anything else you would like us to know about your child? | Yes/No  |