

**PARMA CITY SCHOOLS
FIRST STEP PRESCHOOL PROGRAM FOR PEER MODELS
APPLICATION FORM**

Return to First Step

Child's Name:		Birthdate:	Age:
Child's Address:		Sex: <input type="checkbox"/> Male	<input type="checkbox"/> Female
		Child Lives With:	
		<input type="checkbox"/> Mother	<input type="checkbox"/> Father
		<input type="checkbox"/> Other: _____	
Mother's Name:		Father's Name:	
Mother's Address:		Father's Address:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Work Phone:		Work Phone:	
Session Preferred (Check One): <input type="checkbox"/> 8:20 – 10:50 AM (T,W,Th,F) <input type="checkbox"/> 11:50 – 2:20 PM (M,T,W,Th)			
How did you hear about us? _____ Teacher Request? _____			
Have any family members been through the First Step Program? _____ yes _____ no			
If yes, please indicate the names and relationship to the child: _____			
Is your child completely toilet-trained? _____ yes _____ no			
Does your child receive outside therapy? _____ If so, indicate area: _____			
Has he/she received services from First Step in the past? _____ yes _____ no			

Return to:

**First Step Preschool
Parma City School District
7700 Malibu Drive
Parma, Ohio 44130**

_____ Signature (Parent/Guardian)	Date _____
_____ Printed Name (Parent/Guardian)	

For School Use Only	
_____ Signature (Parma Employee)	Date _____

**PAYMENT CONTRACT FOR THE PEER MODEL PROGRAM OF
THE FIRST STEP PRESCHOOL**

I, _____ Parent/Guardian of _____
Parent/Guardian's Name Child's Name

will adhere to the following terms concerning tuition payment:

1. Payment:

- 4 payments of \$150.00* each. Payment schedule will be supplied. Payments must be kept current or your child will be withdrawn.
 - **Total amount for year = \$600.00***
 - Please place payment in your child's backpack, in an envelope marked "OFFICE" with your child's name and teacher's name written on it.
Only cash, check or money orders accepted.
 - **Make checks payable to: Parma City School District.**
2. **My child will be automatically withdrawn from the program if payment is not made on time. The teacher will be notified not to accept the student into the class if payment has not been received.**
3. If my payment is returned for insufficient funds, I will be notified and expected to make payment in the form of cash or money order.
4. I accept the responsibility of paying a **supply fee of \$45.00* in addition to tuition.** The supply fee will be used to purchase items such as paint, paper, sand, play dough and other consumable items. **The supply fee and the first \$150.00 payment must be paid within the first week of attendance.**

Parent/Guardian's Signature

Date

***FEES and TUITION COSTS ARE ALWAYS SUBJECT TO CHANGE
AS DETERMINED BY THE BOARD OF EDUCATION.**

PERMISSION FOR REVIEW

★
Return to First Step ★

I, _____, hereby give my permission for the
Parent/Legal Guardian/Surrogate
_____ to respond to a request for assistance
School District

For: Student Name _____ Date of Birth _____
School _____ Student ID# _____

In giving my permission, I understand that any or all of the following may occur:

1. Review of relevant records (releases of information will be included);
2. Interview with caregiver or myself;
3. Observation(s) of my child;
4. Assessment (e.g., curriculum-based, screening, and other appropriate measures to determine interventions); and/or
5. Other (please specify): _____

I further understand and agree that the information collected by the school district will then be reviewed and the team will develop an intervention plan and designate the resources needed to implement these interventions.

Name of Parent/Legal Guardian/Surrogate

Signature

Date