



Aurora City Schools

Integrated Preschool Program Community Peer Application 2019/2020 School Year

Child's Name:	Birthday:
Parent(s) Name:	
Home Address:	
Contact Phone numbers - Home:	Cell:
Email Address:	

Please answer the following questions:

1. Will your child be 3 on or before August 1, 2019?	YES	NO
2. Does your child nap in the afternoon?	YES	NO
3. As a parent, do you have flexibility in the time of day your child attends preschool?	YES	NO
4. Is English the primary language of your communication?	YES	NO
5. Is your child toilet trained? (Your child must be toilet trained by August 1st, 2019)	YES	NO

By signing this document, I have read and fully accept the Peer Screening Lottery guidelines as set forth by the Aurora City Schools.

Signature

Date

Print your name

Date

For Office Use Only Upon Receipt:

Date application returned to office: _____

Received by: _____

Circle one:

3 & 4 year old

4 & 5 year old

Lottery Number: _____