



# Aurora City Schools

## Integrated Preschool Program

### Community Peer Application 2023/2024 School Year

Child's Name:	Birthday:
Parent(s) Name:	
Home Address:	
Phone Number:	
Email Address:	

**Please answer the following questions:**

1. Will your child be 3 on or before August 1, 2023?	YES	NO
2. Does your child nap in the afternoon?	YES	NO
3. Do you prefer AM or PM preschool for your child? <i>*Please note that we typically place three year olds in the AM classes and four year olds in the PM classes. However, we may have a Pre-K class in the AM as well.</i>	<i>Circle those that apply</i> AM Class 8:45 - 11:30  PM Class 12:45 - 3:20  No Preference	
3. Does your child speak and understand English?	YES	NO
4. Is your child toilet trained? (Your child must be toilet trained by August 1 <sup>st</sup> , 2023)	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: \_\_\_\_\_