



**NORTHEAST KANSAS EDUCATION SERVICE CENTER
1220 Walnut
Oskaloosa, KS 66066
785-863-3410 / fax: 785-863-3143**

**PEER MODEL ENROLLMENT AGREEMENT
EARLY CHILDHOOD SPECIAL EDUCATION CLASS**

Child's Name _____ Date of Birth _____

Parent(s)' Name _____ School Dist. _____

Address _____ Phone _____

Work Phone _____ Emergency Phone _____

Children attending the preschool must have proof of immunizations and child health assessment required by the state of Kansas. From time to time, a peer model may be asked to participate in a play-based assessment with another child at a time other than regular preschool sessions.

I understand that my child will be a role model in a preschool class that includes children with disabilities and that my child will participate in a developmental screening. I realize I will be responsible for transporting my child to and from the classroom. I also understand that my child cannot arrive earlier than 5 minutes prior to the start of class or be picked up more than 5 minutes after the end of class. The hours for this preschool class are from _____ to _____. If these above time requirements are not met on 3 occasions, my child could be dropped from the program before the end of the school term.

Signed _____ Date _____

Questions, please contact Vicki Keling at the above number or
vkelling@keystonelearning.org