

Harold Lewis Center Peer Application 2018-19

Child's Name: _____ Date of Birth: _____

Social Security Number: _____ Male _____ Female _____

Parent Names: _____

Address: _____

Phone Numbers: _____

E-Mail: _____

Eligibility Factors for Enrollment of Peer Models:

1. Age 3 to 5 years
2. Availability of space; if all peer spots are filled, a waitlist will be created
3. Selection determined by the following rank order:
 - a. Sibling of current enrollee
 - b. Child/sibling of UCBDD Staff Member
 - c. Children selected from the community
4. Payment of Tuition (transportation is subject to availability and may be withdrawn as necessary with no reduction of tuition cost)
5. Provision of a record of immunizations, birth certificate and verification of a medical examination.

Parent/ Guardian Agreement:

I hereby grant permission for my typically developing child to be enrolled in a classroom with children with disabilities. I fully understand that I must turn in required enrollment forms and medical forms for my child to attend. I understand that if I fail to turn in required forms, my child will not be able to attend school.

I agree to payment of a tuition fee on a monthly basis **regardless of the number of days my child attends**. Costs of such fee shall be determined on an annual basis by UCBDD. **The cost for the 2018-2019 School Year is \$140 per month** from August through May (please note that the fee is an annual cost divided evenly over the 10 months so that you are not paying odd amounts each month), due by the first day of attendance each month. **I understand that failure to pay tuition each month will result in my child not able to attend school.**

Parent/Guardian Signature _____ Date _____

Children Services Director _____ Date _____