



Saraland City Schools Preschool Peer Model Application 2024-2025

Eligible applicants include current residents of Saraland and children of employees of Saraland City Schools. Applications and required documents should be submitted to the following:

**Saraland Board of Education
4010 Lil' Spartan Drive
Saraland, AL 36571
Attention: Amy Pippins/Director of Special Services**

Applications may be mailed or submitted in person. All documents must be received by 3:00 p.m. on Thursday, March 28, 2024.

About the Program

The preschool peer model program consists of preschool children with disabilities and non-disabled/typical preschool students. Class size is limited so that each child can benefit from a small group and more individualized instruction. Children enrolled can attend a high-quality preschool program at a discounted rate as well as benefit from learning how to celebrate and appreciate the diversity of others. Students must turn 4 on or before September 1, 2024, to attend. Beginning with the 2024-2025 school year, the preschool peer model program will be a half day program. Below are specific details regarding the peer model program:

- The program follows the Saraland City Schools calendar.
- Program hours are 8:30 a.m. -11:30 a.m. daily.
- No bus service is available for program participants.
- School uniforms are required.
- Tuition is \$150 monthly.

Admission

Admission to the preschool peer model program for typically developing students is determined by a random selection process. A team is designated by the principal and special services director to randomly select names from a pool of applicants who meet requirements. Eligible applicants for this program must be current residents of Saraland or children of full-time employees of Saraland City Schools. Typically developing students serving as peer models for students with disabilities should demonstrate appropriate social, emotional, and communication skills. A typically developing student is a student who is not eligible for special education services, including speech and language therapy.

Tuition

Tuition is \$150 per month. A nonrefundable deposit of \$150 is required upon acceptance to the program. If a child remains enrolled in the program for the duration of the school year, the deposit will be applied to the final month of tuition. Should a child be withdrawn from the program before the end of the school year, the \$150 deposit is not refunded. Specific payment details will be provided once the selection process has occurred and program participants have been notified.

Curriculum

All curricula/methods used in the program will be research-based and designed to help students work toward mastering Alabama's Standards for Early Learning and Development.

Notification of Admission

Parents of applicants will be notified by letter and/or email by Friday, April 19, 2024.

Saraland City Schools
Preschool Peer Model Application
2024-2025 School Year

Student Information

Name: _____ Phone: _____
Last First Middle

Name Student is Called: _____ Race: ____ Sex: ____ Birthdate: __/__/__

Current Address: _____
& Street City State Zip

Parent/Guardian Information:

Father

Name: _____

Phone : _____

Employer: _____

Work Phone: _____

Email address: _____

Mother

Name: _____

Phone : _____

Employer: _____

Work Phone: _____

Email address: _____

Student's Guardian (if not parents) _____

Phone : _____ Address: _____

Employer: _____ Work Phone: _____

Child lives with (please circle): Both Parents Father Mother Guardian

Check one of the following: Do you Own ____ Rent ____ Other (please specify) _____

Other Information:

Has your child attended a preschool? Yes _____ No _____
If yes, where? _____ How long? _____

Does your child toilet independently? Yes _____ No _____

Does your child have food allergies? Yes ____ No ____ If yes, please list _____

Attach a **COPY** of the documents listed below to this application. The application will be considered incomplete without this information.

_____ Original Birth Certificate

_____ Social Security Card

_____ Up-to-Date Immunization Form

_____ Proof of Residency (mortgage or lease, 2 utility bills dated within 30 days of the application)

I certify my child is not eligible for or receiving special education services, including speech/language therapy, through Saraland City Schools. I also certify my child will be 4 years old on or before September 1, 2024. I understand transportation is the responsibility of the parent and there is no before/after school care available.

Parent/Guardian Signature _____

Date _____