

2014 Preschool Summer Enrichment Application for Ages 2-3

"Yes, We Can!"

Student's Full Name: _____

Date of Birth: _____ Age: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone/Contact Numbers: primary number _____ text number _____

Alternate number _____ Emergency phone number _____

Email address: _____

Student's Current Educational/Developmental/Therapeutic Services:

Service Coordinator:

City: _____ State: _____ Zip: _____

Student's Educational Placement for 2013-2014: _____

Disability (ies) (Please List all): _____

Any behavioral concerns (Please describe): _____

Child's primary mode of communication (spoken English, ASL, etc.): _____

Degree of hearing loss: _____

Hearing Aids/Types: _____

Cochlear Implant: Yes No Type of Cochlear Implant: _____

Type of Vision Loss: _____

Please list any allergies that the student has: _____

Please list any activity restrictions for the student: _____

Is the student potty trained? _____

If not, please be prepared to send diapers along with the student for the week.

It is recommended that parents stay each day and participate with your child. Do you plan stay each day and participate? Circle One: Yes No

Please list some of your child's favorite activities or toys: _____

The online application can be found at www.vldb.k12.va.us

Thank you for completing this application form. **Remember to attach a copy all of the Present Level of Educational Performance (PLEPs) from the current IEP or 504 Plan OR a copy of the current IFSP.** Please complete and submit this information by April 15, 2014! Once we have your application packet, we will notify you of your child's status of acceptance. If you have questions please feel free to contact Kathy Guisewite via phone or email.

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