



Peer Model Application

Child's Name: _____
Parent/Guardian: _____
Address: _____
DOB: _____ Gender: _____ SSN: _____
Phone: _____ Email: _____

Has /does your child attend any other pre-school programs, Mother's Day out, etc...? _____
If so please provide:
Name of Center/Program: _____
Address: _____
Director's Name: _____ Phone: _____
Days/Times of attendance: _____

Is your child a sibling of a student at The Brown Center? _____ If so, who? _____

Is your child related to anyone with an ASD? _____ If so, relation: _____
How would you like to see your child benefit from being a Peer Model at BCA? _____

Does your child have any known allergies? _____ If so please list: _____

Does your child take medication regularly? _____ If so please list: _____

Is your child toilet trained? _____
What is your child's overall disposition? _____
What are your child's interests? _____

What method suits your child's learning style? (choose one or more) Hands-On Visually Auditory
What best motivates your child? _____

Parent Signature: _____ Date: _____