



# windfall integrated preschool

## Peer Application

Complete and return this form to: Windfall School, Medina County Board of Developmental Disabilities,  
4691 Windfall Rd., Medina, Ohio 44256.

*Once we receive your application, you will be contacted regarding an interview date for your child.*  
Questions? Please contact the Director of Education at 330.725.7751 ext. 227.

Child's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender : \_\_\_\_\_ male \_\_\_\_\_ female

Mother's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_

Siblings: Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Family Members Served by the Medina County Board of DD (if any) \_\_\_\_\_

Please indicate your preference by marking (1) for your first choice and (2) for your second choice

Full day (9:00 am to 2:30 pm) \_\_\_\_\_ Mondays and Wednesdays

\_\_\_\_\_ Tuesdays and Thursdays

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



How did you hear about Windfall Integrated Preschool?

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