



# NORTHWEST REGIONAL EDUCATION SERVICE DISTRICT

Typical Peer Program  
5825 NW Ray Circle  
Hillsboro, OR 97124  
Ph:503.614.1304

## ECSE Typical Peer Program Application Form 2018-2019

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Parents (Guardian): \_\_\_\_\_ Date of application: \_\_\_\_\_

Preferred Contact Time: \_\_\_\_\_ Primary Contact Name: \_\_\_\_\_

Parent #1 Phone: \_\_\_\_\_ Parent #1 Work Phone: \_\_\_\_\_

Parent #1 Email: \_\_\_\_\_

Parent #2 Phone: \_\_\_\_\_ Parent #2 Work Phone: \_\_\_\_\_

Parent #2 Email: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

Permission to  
pick child up  
from site:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  Yes

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  Yes

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  Yes

### EMERGENCY TREATMENT INFORMATION:

Does your child have any allergies? **Yes**  **No**

List allergies: \_\_\_\_\_

Is your child currently taking any medications? **Yes**  **No**

List Medications: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_

Does your child have independent toileting skills? **Yes**  **No**

**School site you are interested in your child attending (Sites are subject to availability):**

Tualatin Early Childhood Center

19500 SW 90<sup>th</sup> Ct.  
Tualatin, OR 97062

Hillsboro Early Childhood Center

759 SE Washington Street  
Hillsboro, OR 97123

Beaverton Early Childhood Center

9560 SW Nimbus Avenue  
Beaverton, OR 97008

**Preferred Class Time:**

AM  Mid-Day  PM

**Preferred Days:**

M/W  T/TH

\*NOTE: We may not be able to accommodate all requested class days and times.