



**windfall**  
**preschool** Peer Application

Please complete and return this form to: Windfall School, Medina County Board of Developmental Disabilities,  
4691 Windfall Road, Medina, Ohio 44256.

*Once we receive your application, you will be contacted regarding a visit and screening date for your child.*

Questions? Please contact the Director of Children's Services programs at 330.725.7751 ext. 269.

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

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

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

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

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) \_\_\_\_\_

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



How did you hear about Windfall Preschool?

\_\_\_\_\_