



**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 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) \_\_\_\_\_

Has your child attended preschool previously? \_\_\_\_\_ yes \_\_\_\_\_ no

**Peers will attend Windfall Preschool on Tuesdays, Wednesdays, and Thursdays from 8:30 a.m. - 12:30 p.m.**

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



How did you hear about Windfall Preschool?  
\_\_\_\_\_