

**SUMMIT COUNTY PRESCHOOL PROGRAM**

Summit County Educational Service Center  
420 Washington Avenue, Suite 200  
Cuyahoga Falls, OH 44221  
Phone: 330-945-5600 Fax: 945-6222

---

**PRESCHOOL PEER APPLICATION**

Date: \_\_\_\_\_ Child Sex:    M    F  
Child's Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Birth City: \_\_\_\_\_  
Child's Social Security Number \_\_\_\_\_  
Address: \_\_\_\_\_

---

Parents name(s): \_\_\_\_\_  
Telephone/Cell Number: \_\_\_\_\_  
Parent E-mail address: \_\_\_\_\_  
Residential School District: \_\_\_\_\_

**Note:** Screening date will be scheduled once the following items are received:  
Peer application, Proof of Residency and pay stub or W-2.

*Applications may be dropped off at the front desk or mailed to:  
Summit County Educational Service Center, Preschool Department,  
420 Washington Avenue, Cuyahoga Falls, OH 44221*

---

**FOR OFFICE USE ONLY**

- Application Form                      Date received: \_\_\_\_\_
- Proof of Residency                      Date received: \_\_\_\_\_
- Pay Stub or W-2                      Date received: \_\_\_\_\_
- Screening Date Scheduled: \_\_\_\_\_
- Letter of Acceptance or Decline: Date sent: \_\_\_\_\_