HARRISON TOWNSHIP SCHOOL DISTRICT 120 North Main Street Mullica Hill, NJ 08062

PRESCHOOL INCLUSION PROGRAM APPLICATION 2018-19

Child's Name:			
Child's Name: First	Middle	Last	Generation Code: e.g. Jr., III
Date of Birth: Month	Day	Year	
Child's Gender: Male	Female		
3-year-old pro	ogram	4-year-ole	d program
Parent(s) or Guardian(s) Name:			
Parent(s) or Guardian(s) Name:			
Home Address:			
Telephone: Home:		Cell: _	
		Cell: _	
Email Address (1):			
Email Address (2):			
Child is toilet trained: yes yes] no		
Child's development in all areas is a	ige appropriate:	☐ yes ☐	no
Child immunizations are up to date:		no	
Family can provide transportation:	☐ yes ☐	no	
Applications due by February 2	<u>23, 2018</u>		For Office Use Only
ATTN: Dr. Andrew P. Davis, CAO 2018-19 Preschool Inclusion Program Harrison Township School District		Date Application	n Received:
		3-Year-Old Prog	gram:
120 North Main Street Mullica Hill, New Jersey 0806	2	4-Year-Old Prog	gram
Fax: 856.418.1619 Email: labuonon@harrisontwp.k12	.nj.us	Gender:	Lottery Number: