

**PRESCHOOL APPLICATION**

Name of Child: \_\_\_\_\_

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

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

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

My residence is in:        Monroe    Jamesburg        (Please circle one)

Nickname: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Language Spoken at home with child: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Please circle which class you would prefer (This does not mean you are automatically in that class, but we will do our best to try and accommodate)**

AM Class 8 am -10 am

PM Class 11:30 am – 1:30 pm

Please list any additional information about your child that we should be aware of (ex: food allergies)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return to:**

Falcon's Nest Preschool  
Monroe Township High School  
200 School House Road  
Monroe, New Jersey 08831

**Future Communications:**

Voice Mail:        Jodi Silberstein        (732) 521-2882 ext: 6034  
                         Christine Scaletti

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