

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

**PRESCHOOL INCLUSION PROGRAM APPLICATION 2025-2026**

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 Program  4-Year-Old Program

Parent(s) or Guardian(s) Name (1): \_\_\_\_\_

Parent(s) or Guardian(s) Name (2): \_\_\_\_\_

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

Telephone: Home: \_\_\_\_\_ Cell (1): \_\_\_\_\_

Cell (2): \_\_\_\_\_

Email Address (1): \_\_\_\_\_

Email Address (2): \_\_\_\_\_

Child is toilet trained:  Yes  No

Child's development in all areas is age appropriate:  Yes  No

If no, please elaborate: \_\_\_\_\_

Child immunizations are up to date:  Yes  No

Family can provide transportation:  Yes  No

**Applications due by February 21, 2025**

ATTN: Lori Hynes, Director of Student Services  
2025-2026 Preschool Inclusion Program  
Harrison Township School District  
120 North Main Street  
Mullica Hill, New Jersey 08062  
Email: [labuonon@harrisontwp.k12.nj.us](mailto:labuonon@harrisontwp.k12.nj.us)

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Date Application Received: \_\_\_\_\_

3-Year-Old Program: \_\_\_\_\_

4-Year-Old Program \_\_\_\_\_

Gender: \_\_\_\_\_ Lottery Number: \_\_\_\_\_