

General Education Inclusive Preschool Program Eligibility Application

Child's Full Name: *(please print)*: _____ Date of Birth: _____

1. Will your child be at least three years old by October 31, 2025? Yes No
2. Are you receiving assistance through food stamps or TANF? Yes No
3. Is your child, a foster child? Yes No
4. Is your family eligible for free and reduced lunch based on income below? Yes No
5. Circle on the chart your family size and the closest amount to your annual, monthly, or weekly income level.

Family Size	Annual	Monthly	Weekly
<i>One</i>	\$33,735	\$2,812	\$649
<i>Two</i>	\$45,786	\$3,816	\$881
<i>Three</i>	\$57,837	\$4,820	\$1,113
<i>Four</i>	\$69,888	\$5,824	\$1,344
<i>Five</i>	\$81,940	\$6,829	\$1,576
<i>Six</i>	\$93,991	\$7,833	\$1,808
<i>Seven</i>	\$106,042	\$8,837	\$2,040
<i>Eight</i>	\$118,093	\$9,842	\$2,272
<i>For Each Additional Family Member Add</i>	\$12,052	\$1,005	\$232

6. Is your family income less than the lowest amount listed above? Yes No
 If Yes, please give amount: \$ _____ Annual Monthly Weekly
7. Are you and your child (children) residents of East Brunswick? Yes No

Signature: _____

Parent/Guardian Name: _____ Home Phone Number: _____

Home Address: _____

Please Note: Families that meet the guidelines for free and reduced lunch will be asked to submit verification of income (last paycheck for everyone in the household) if selected.
 Mail or email completed Eligibility Application to: kkeegan2@ebnet.org or

East Brunswick Public Schools
760 Route 18
East Brunswick, NJ 08816

Disclaimer: This form is subject to change with the new rate for the 2025-2026 school year when they become available.