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

PRESCHOOL INCLUSION PROGRAM APPLICATION 2026-2027

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 20, 2026

ATTN: Dr. Lori A. Hynes, Director of Student Services
2026-2027 Preschool Inclusion Program
Harrison Township School District
120 North Main Street
Mullica Hill, New Jersey 08062
Email: cornewn@harrisontwp.k12.nj.us

For Office Use Only

Date Application Received: _____

3-Year-Old Program: _____

4-Year-Old Program _____

Gender: _____ Lottery Number: _____