

**FLORHAM PARK PUBLIC SCHOOLS**  
**PRESCHOOL PROGRAM APPLICATION 2017-2018**

Student's Name \_\_\_\_\_ \*Date of Birth \_\_\_\_\_  
(one student per application) Last First Middle Initial Month Day Year

\*Must be under the age of 5 by October 1, 2017  
\*Must be at least age 4 on or before October 1, 2017

Gender: Male \_\_\_ Female \_\_\_

Age Now \_\_\_ / \_\_\_  
Yrs. Mos.

Ethnicity: Amer. Indian/Alaskan Native \_\_\_ Asian \_\_\_ Black \_\_\_ Hispanic \_\_\_ White/Other \_\_\_

Language Spoken at Home: \_\_\_\_\_

Is he/she Toilet Trained?  YES  NO

Full Day Session  Half Day Session AM  Half Day Session PM

Parent/Guardian Name(s): Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Home Address: No. & Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ (Mother)

\_\_\_\_\_ (Father)

Parent/Guardian Work Address: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business Phone: \_\_\_\_\_

In case of emergency, please contact:  
Name(s): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Bus./Cell Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FAX APPLICATION TO: Mr. Gary Pascal @ 973-301-1754**

- Application Deadline: Monday - March 20, 2017
- First Come, First Serve Basis