

FLORHAM PARK PUBLIC SCHOOLS
PRESCHOOL PROGRAM APPLICATION 2018-2019

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, 2018
*Must be at least age 4 on or before October 1, 2018

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: Friday, March 9, 2018
- Lottery Drawing: Monday, March 12, 2018