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

PRESCHOOL INCLUSION PROGRAM APPLICATION 2024-2025

Child's Name:			
Child's Name: First	Middle	Last	Generation Code: e.g. Jr., III
Date of Birth: Month	_ Day	Year	
Child's Gender:	Female		
☐ 3-Year-Old	☐ 4-	Year-Old	
Parent(s) or Guardian(s) Name (1)):		
Parent(s) or Guardian(s) Name (2)):		
Home Address:			
Telephone: Home:			
		Cell (2):	
Email Address (1):			
Email Address (2):			
Child is toilet trained: Yes	□ No		
Child's development in all areas is	s age appropriate:	☐ Yes ☐ N	o
If no, please elaborate:			
Child immunizations are up to dat	e: Yes 1	No	
Family can provide transportation	: Yes N	o	
Applications due by February	<u>v 19, 2024</u>	I	For Office Use Only
ATTN: Valarie Eastlack		Date Application	Received:
2024-2025 Preschool Inclusion P Harrison Township School Dis		3-Year-Old:	
120 North Main Street		4-Year-Old:	
Mullica Hill, New Jersey 080 Fax: 856.418.1619	062		
Email: <u>eastlackv@harrisontwp.k</u>	<u>12.nj.us</u>	Gender:	Lottery Number: