# MIDLAND PARK PUBLIC SCHOOL DISTRICT
# INTEGRATED PRESCHOOL PROGRAM APPLICATION 2020-2021

*(Please Print)*
STUDENT'S NAME:

_____
Last First M.I.

DATE OF BIRTH: _____ _____ _____ Male_____ Female_____
Month / Day / Year

**Must be 3 years of age on or before 10/01/2020 and toilet trained**

*(Please print)*

Parent/Guardian Name(s): _____

Parent/Guardian Home Address: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Work Number: _____

Parent/Guardian Work Address(s):_____

_____

Previous Pre School / Day Care Experience:

_____

Parent /Guardian Signature:

_____

Date: _____

**Please mail return application only to:**

**Mrs. Ann Marie Bruder, Director**
**Department of Special Services**
**250 Prospect Avenue**
**Midland Park, NJ 07432**