

MIDLAND PARK PUBLIC SCHOOL DISTRICT
INTEGRATED PRESCHOOL PROGRAM APPLICATION 2018-2019

(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 10/01/2018 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**