MIDLAND PARK PUBLIC SCHOOL DISTRICT
INTEGRATED PRESCHOOL PROGRAM APPLICATION 2019-2020

(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 10/01/2019 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