

2019-2020

Delran School District Integrated Pre-School Application

Please fill out both sides of this application

(Please use another form if you are applying for more than one child.)

Applications must be received no later than January 30, 2019 and the drawing for the lottery will be February 1, 2019

Child's Name: _____ D.O.B: _____ Male Female

Address: _____ Phone#: _____

Residing with: Parents ____ Mother ____ Father ____ Guardian/Other: _____

Mother's Name: _____ Cell #: _____ Work #: _____

Father's Name: _____ Cell #: _____ Work #: _____

Guardian's Name: _____ Cell #: _____ Work #: _____

Does the child speak English? Yes ____ No ____ Language spoken in the home: _____

Other's living in the home (list full name, birthdate, and relation to the applicant child):

Emergency Contact: _____ Address: _____

Phone#: _____ Relation to child: _____

Name of Pediatrician: _____ Phone #: _____

Date of last physical: _____

Does your child have any of the following? Please check, if applicable, and explain:

___ Allergies _____

___ Medications _____

___ Hearing difficulties _____

___ Vision problems _____

___ Other medical concerns _____

Has your child ever participated in any public or private preschool? Y N

If **yes**, please provide the following information:

School name: _____ Dates attended: _____

Is there any other information you would like to share or that you feel we should be aware of?

Please read the following carefully before signing:

- * I testify that I am a Delran resident and understand that if I move out of Delran my child will no longer be eligible to attend the Delran Public School preschool program.
- * I understand that non-classified (non-disabled) students will be chosen by a lottery drawing.
- * I understand that this is a public preschool program and that my child, if selected, will be integrated with special needs children (classified with disabilities).
- * I testify that, at this time, my child has no special needs requiring counseling, speech/language, occupational or physical therapy.
- * If selected, I will register my child at the Delran Board of Education building and provide the necessary documentation required for registration no later than May 1, 2019.
- * If selected, I understand that I must provide transportation to and from the program.
- * If selected, I understand that the preschool program is a half day program and I do not have a choice between the AM or PM session.
- * I understand that, if I apply for more than one of my children, acceptance of one child is not an automatic acceptance off all children you applied for.
- * I understand that there is no "automatic" acceptance for a second preschool year if my child is selected for the younger preschool class this year; I would be able to apply for the lottery again next year if I so choose.
- * If selected, I understand there is a tuition fee of \$3,500.00 requiring a \$350.00 payment by 5/1/19 to hold my placement, with one other payment of \$350.00 due by 7/1/18.
- * I understand the remaining balance payments of \$400 are due on the 1st of each month, October 2019 through April 2020.

Parent Signature: _____ Date: _____

Please drop off this application or mail to: Delran Student Services
52 Hartford Rd
Delran, NJ 08075
Attn: Jenny Schenski