

**WEST MILFORD TOWNSHIP PUBLIC SCHOOLS
OFFICE OF SPECIAL SERVICES
INCLUSION PRESCHOOL PROGRAM APPLICATION 2024-2025**

(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 10/01/2024 and toilet trained by Sept. 1, 2024

(Please Print)

Parent/Guardian Name(s): _____

Parent/Guardian Email Address(s): _____

Parent/Guardian Home Address: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Work Number: _____

Previous Pre School / Day Care Experience:

If selected, I would prefer my payments, after a required deposit of **\$400.00**, to be:

Quarterly = **four installments of \$900.00** Bi-annually = **two installments of \$1800.00** Parent

/Guardian Signature:

_____ Date: _____

**Please return application by mail or drop off to:
Dr. Derek Ressa, Director of Special Services
West Milford Township Public Schools
Board of Education Building
46 Highlander Drive
West Milford, NJ 07480**