

WYCKOFF PUBLIC SCHOOLS
WYCKOFF, NJ 07481

2012-2013 INTEGRATED PRESCHOOL PROGRAM
APPLICATION

Date of application: ____/____/2012

Student Name: _____
Last First M.I.

DOB: ____/____/____ (3 year olds must be 3 years on or before 10/1/12; 4 year olds must be 4 years of age, but less than 5, on or before 10/1/12). Note: students must be fully toilet trained.

Parent/Guardian(s): _____

Home address: _____

Parent/Guardian home phone: (____)_____

Parent/Guardian work phone: (____)_____ mother/father

Parent/Guardian cell phone: (____)_____ mother/father

Previous preschool/day care experience:

Does your child have any speech/language or medical concerns? If yes, please describe:

- Screening will take place prior to acceptance
- Openings will be filled by a lottery, if necessary
- Those accepted will be contacted by telephone and will receive a contract by mail thereafter
- Tuition for the 2012-13 school year is \$3300.00

Please submit applications by January 20, 2012 to:

Department of Special Services
Sicomac School
356 Sicomac Avenue
Wyckoff, NJ 07481