

WYCKOFF PUBLIC SCHOOLS
WYCKOFF, NJ 07481

**2019-2020 GENERAL EDUCATION/ INTEGRATED
PRESCHOOL PROGRAM APPLICATION**

Date of application: ____/____/____

Student Name: _____
Last First M.I.

DOB: ____/____/____ (3 year olds must be 3 years on or before 10/1/19; 4 year olds must be 4 years of age, but less than 5, on or before 10/1/19). Note: students must be fully toilet trained.

Parent/Guardian(s): _____

Home address: _____

Home school (would attend kindergarten): _____

Parent/Guardian home phone: (____) _____

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

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

Email contact: _____

Previous preschool/day care experience:

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

- An informal tour/screening will take place prior to acceptance
- Those accepted will be contacted by telephone and will receive a contract by mail thereafter
- Tuition for the 2019-20 school year is \$3950.00

Please submit applications to dflato@wyckoffschools.org or

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