



2024-25 School Year Preschool Inclusion Program Application	
Child's Name:	
Birth Date:	Gender:
Address: <i>(Street, City, State, Zip)</i>	
Email:	
Home Phone:	Cell Phone:
Parent/Guardian: <i>(Please Print Name)</i>	

Remember: The Deadline is March 1, 2024

Mail completed application and fee to:
East Greenwich Township School, Child Study Team Office
559 Kings Highway
Mickleton, NJ 08056

<p>I am interested in enrolling my child in the preschool inclusion class this fall. I understand this program is a half-day, 5 day per week program with a fee of \$2,750 for the school year.</p> <p>My signature below indicates an understanding of and my agreement with the terms on the application page. My non-refundable application fee of \$25.00, payable to East Greenwich Township Board of Education, is enclosed with this application.</p>
Parent/Guardian Signature: