

MOUNTAIN LAKES PUBLIC SCHOOLS
PRESCHOOL PROGRAM APPLICATION 2009-2010

Student's Name _____ *Date of Birth _____
(one student per application) Last First Middle Initial Month Day Year

*Must be age 4 on or before October 1, 2009
*Must be at least age 3 on or before October 1, 2009

Gender: Male ___ Female ___

Age Now ___ / ___
Yrs. Mos.

Ethnicity: Amer. Indian/Alaskan Native ___ Asian ___ Black ___ Hispanic ___ White/Other ___

Language Spoken at Home: _____

Is he/she Toilet Trained? YES NO (Please note in order to attend a child must be toilet trained)

Parent/Guardian Name(s): Father: _____
Mother: _____

Home Address: No. & Street: _____
City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ (Mother)

Parent/Guardian Work Address: Father: _____ Mother: _____ (Father)

Business Phone: _____

In case of emergency, please contact:
Name(s): _____

Address: _____

Home Phone: _____

Bus./Cell Phone: _____

Parent/Guardian Signature: _____ Date: _____

Return to: Wildwood School, Glen Road, Mountain Lakes, NJ 07046

➤ **Application Deadline: April 21, 2009 (no exceptions)**

**Lottery Drawing: April 23, 2009
at Wildwood School**