

WALDWICK SCHOOL DISTRICT

PRE-SCHOOL PROGRAM APPLICATION 2019-20

Student's Name: _____ *Date of Birth ____/____/____
(one student per Last First M.I. Month Day Year
application)

***Must be 3 years old by October 1, 2019**

Parent/Guardian Name(s) _____

Parent/Guardian(s) Home Address _____

Home Phone _____ Cell Phone _____

Parent/Guardian(s) Work Address(es) _____

Business Phone (s) _____

Parent's/Guardian's Signature _____

Date: ____/____/____

Return to: Crescent Elementary School
165 Crescent Avenue
Waldwick, NJ 07463

OR

Traphagen Elementary School
153 Summit Avenue
Waldwick, NJ 07463

APPLICATION DEADLINE: 3:00 p.m. February 28, 2019