



## PUPIL SERVICES

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### Preschool Application

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

I wish to enroll my child in the: AM \_\_\_\_\_ PM \_\_\_\_\_ No Preference \_\_\_\_\_

Parent/Guardian Contact Information:

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(If different from above)

Home Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(If different from above)

Home Phone Number: \_\_\_\_\_  
(If different from above)

Cell Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Acceptance to the program will be based on a lottery system. The deadline for applications is **March 29, 2019**. The lottery will be held on **April 1, 2019** in the Board of Education Office. All applicants will be contacted regarding their application status in writing following the lottery.

If your child is selected for our program, you will be requested to register him/her with the Readington Public Schools and provide a deposit to hold the space.