

**STAFF**  
**WEST MILFORD TOWNSHIP PUBLIC SCHOOLS**  
**OFFICE OF SPECIAL SERVICES**  
**INCLUSION PRESCHOOL PROGRAM APPLICATION 2024-2025**

*(Please Print)*

STUDENT'S NAME: \_\_\_\_\_  
Last First M.I.

DATE OF BIRTH: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Month / Day / Year

**Must be 3 years of age on or before 10/01/2024 and toilet trained by Sept. 1, 2024**

*(Please Print)*

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Email Address(s): \_\_\_\_\_

Parent/Guardian Home Address: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Parent/Guardian Work Number: \_\_\_\_\_

Previous Pre School / Day Care Experience:

If selected, I would prefer my payments, after a required deposit of \$400.00, to be:

Quarterly = **four installments of \$900.00**       Bi-annually = **two installments of \$1,800.00**

Parent /Guardian Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

**Please return application by mail or drop off to:**  
**Dr. Derek Ressa, Director of Special Services**  
**West Milford Township Public Schools**  
**Board of Education Building**  
**46 Highlander Drive**  
**West Milford, NJ 07480**