

**EGG HARBOR TOWNSHIP PUBLIC SCHOOL DISTRICT
LOTTERY APPLICATION PRESCHOOL INTEGRATED PROGRAM
2017-2018**

PLEASE PRINT

Child's Name: _____ **Date of Birth:** _____/_____/_____
Last First MI Month Day Year

Gender: Male Female **Age Now:** ____/____
Years Months

Please note: Child must be 3 or 4 years of age on or before October 1, 2017.

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

Other: _____

Language Spoken at Home: _____

Mother's Name: _____ **Occupation:** _____

Address: _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone** _____

Father's Name: _____ **Occupation:** _____

Address: _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone** _____

Preferred email address: _____

Other Children in Family:

Age:

_____	_____
_____	_____
_____	_____

The information requested below will help us get to know your child:

1. Has your child received Early Intervention or Speech Services? Yes No

2. Has your child attended Nursery School? Yes No

Name of School: _____ Number of Years: _____

3. Describe any medical problems your child has had or has now (i.e. eyesight, allergies, recurrent high fevers, convulsions, etc.).

**I am aware that the \$200 a month fee required to participate in the program is to be paid in advance for each month and agree to such. I am also aware that a \$200 non-refundable deposit will be required when I register my child for the program and will be applied only to the June 2018 tuition.

Parent/Guardian Signature: _____