



Child Study Team Office

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www.tewksburyschools.org

PRESCHOOL PROGRAM APPLICATION 2019-2020 SCHOOL YEAR

Student's Name: _____

DOB: _____ My child will be _____ years old by June 1, 2019.

My child is completely toilet trained ____ YES ____ NO

Please Note: The district may use its discretion in terminating program attendance of any child who is not completely toilet trained prior to entrance into the program.

Parent Name(s): _____

Physical Address: _____

Mailing Address (PO Box if required): _____

Home Phone: _____

Mother Cell: _____ Father Cell: _____

Mother Work: _____ Father Work: _____

Mother Email: _____

Father Email: _____

Parent Signature: _____ Date: _____

Completed applications must be submitted in person with your child's original, raised seal birth certificate and proof of residency in Tewksbury Township. Three (3) of the following proofs of residency must be presented: Deed, Lease, Property Tax Bill, Mortgage Statement, HUD Form, NJ Driver's License(with Tewksbury address), Current Utility Bill (with Tewksbury address), Voter Registration Card.

Applications will be accepted in the Child Study Team Office located at the Tewksbury Elementary School by appointment only. Please call 908-832-2594 x2006 to schedule an appointment. **Applications are due by January 30, 2019.**