



Child Study Team Office

Mrs. Mary Chandler  
Child Study Team Secretary  
109 Fairmount Road East, Califon NJ 07830  
908-832-2594 (ext. 2006) Fax: 908-832-2950  
[www.tewksburyschools.org](http://www.tewksburyschools.org)

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PRESCHOOL PROGRAM APPLICATION  
2023-2024 SCHOOL YEAR

Student's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ My child will be \_\_\_\_\_ years old by June 1, 2023.

My child is completely toilet trained \_\_\_\_ YES \_\_\_\_ Please initial

*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. Note: Alternate documentation of residency will be considered as required by law.

Applications will be accepted in the Child Study Team Office located at the Tewksbury Elementary School by **appointment only**. Please contact Mary Chandler at 908-832-2594 x2006 or [mchandler@tewksburyschools.org](mailto:mchandler@tewksburyschools.org) to schedule an appointment.