

**Haddon Heights Preschool Disabled Program with  
Opportunity of Inclusion for Typically Developing Students  
2019-2020 Non-Staff Application  
This application is due on or before March 15, 2019.**

|  |             |
|--|-------------|
| Child's Name:  |             |
| Birth Date:  | Gender:     |
| Address:<br>(Street, City, State, Zip)   |             |
| Home Phone:  | Cell Phone: |
| Parent/Guardian Name:  |             |
| Email:   |             |
| <input type="checkbox"/> I am interested in enrolling my child in the preschool inclusion class for the 2019-2020 school-year. I understand this program is 2 hours and 25 minutes, 5 day per week with a fee of \$2,850.00 for the school year.   |             |
| <input type="checkbox"/> I am interested in reenrolling my child in the preschool inclusion class for the 2019-2020 school-year. I understand this program is 2 hours and 25 minutes, 5 day per week with a fee of \$2,850.00 for the school year. |             |
| My signature below indicates an understanding of and my agreement with the terms on the information and application page.  |             |
| Parent/Guardian Signature:   |             |

Lotteries will be held on the date listed on the district website, to determine entry into the program.

Mail or return completed application to:  
Haddon Heights School District, Child Study Team Office  
316-B Seventh Avenue  
Haddon Heights, NJ 08035

Please check out our webpage under the Special Education Tab @ [www.hhsd.k12.nj.us](http://www.hhsd.k12.nj.us)