

Haddon Heights Preschool Disabled Program with

Child's Name:	
Birth Date:	Gender:
Address: (Street, City, State, Zip)	

Home Phone:	Cell Phone:
Parent/Guardian Name:	
Email:	
___ 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.	
___ 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