

# WEST ORANGE HIGH SCHOOL

51 CONFORTI AVENUE ♦ WEST ORANGE, NJ ♦ 07052 ♦ 973-669-5301 ext. 20560

Family and Consumer Science Department  
MRS. NANCY MULLIN

## PRESCHOOL APPLICATION FORM

*By State mandate, your child must be 3½ to be eligible for this program, toilet-trained, and a West Orange Township Resident.*

Please indicate in which semester you are enrolling your child.

**Check one:** Semester 1 \_\_\_\_\_ Semester 2 \_\_\_\_\_

All day Tuesday/Thursday \_\_\_\_\_ Half day Wednesday/Friday \_\_\_\_\_

Date: \_\_\_\_\_ Date Application Received \_\_\_\_\_ (Office Use Only)

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Nickname (if any) \_\_\_\_\_ Gender: M/F

Name of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Cell Phone No.(Mother) \_\_\_\_\_

Cell Phone No. (Father) \_\_\_\_\_ E-mail address \_\_\_\_\_

Name and Relationship of Other Members of Household \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Organized Group Play Experience of Child (Nursery, Sunday school, or other)

\_\_\_\_\_

\_\_\_\_\_

Reason for Wanting Your Child to Enroll in the Preschool \_\_\_\_\_

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Since snacks including juice and milk will be provided in this program, please indicate any specific allergies and/or food restrictions.

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If your child is prohibited from participating in certain activities due to religious reasons please indicate which below:

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In order that we might better understand your child's personality and thereby provide a better experience, please write a paragraph describing: the type of play most enjoyed, how your child relates to other children, and how new experiences are received.

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**PLEASE RETURN THIS FORM TO:**  
**West Orange High School**  
**51 Conforti Ave.**  
**West Orange, NJ 07052**

**ATTN: Nancy Mullin or Judy Jessup**