

**Haddon Heights Preschool Disabled Program with
Opportunity of Inclusion for Typically Developing Students**

2017-2018 Staff Application

Child's Name:	
Birth Date:	Gender:
Address: (Street, City, State, Zip)	
Home Phone:	Cell Phone:
Parent/Guardian: (Please Print Name)	
<input type="checkbox"/> I am interested in enrolling my child in the preschool inclusion class for the 2017-2018 school-year. I understand this program is 2 hours and 25 minutes, 5 day per week.	
<input type="checkbox"/> I am interested in reenrolling my child in the preschool inclusion class for the 2017-2018 school-year. I understand this program is 2 hours and 25 minutes, 5 day per week.	
My signature below indicates an understanding of and my agreement with the terms on the information and application page.	
Parent/Guardian Signature:	

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