



Clinton Public School

10 School Street
 Clinton, New Jersey 08809
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Preschool Pals Application

Please provide the following information by March 13, 2020

All Applications must be accompanied by a copy of your child's birth certificate and proof of residency in either Clinton or Glen Gardner.

Student Name: _____ DOB: ____/____/____
 Last First MI Month Day Year

Gender: Male ____ Female ____

Home Language: _____

Parent/Guardian Name: _____

 Name: _____

Home Address No. & Street: _____

 City, State, Zip: _____

E-Mail: _____

Home Phone: _____ Cell Phone: _____ (Mother)

 _____ (Father)

ATTACH:

___ Birth Certificate

___ Proof of Residency (ONE OF THE FOLLOWING: COPY OF LEASE/RENTAL AGREEMENT, MORTGAGE/BILL OF SALE)

Confirm:

___ I will be able to provide documentation of immunizations if child is accepted

Questions about your child:

Has your child attended a Daycare or Nursery School?: _____

If yes, name of school and dates attended: _____

Has your child received Early Intervention Services?: _____

Do you have concerns about your child's development?: yes no

If yes, please describe areas of concerns: _____

Does your child have any medical needs?: _____

Is he/she toilet trained? Yes No Somewhat

Unfamiliar people (check one) Can understand my child Cannot understand my child

Describe your child's interests and activities: _____

Does your child identify letters? Yes No Very Few

Does your child play with children his/her age? yes no

What are your goals and expectations for your child's early childhood education?

Identify 3 strengths of your child. _____

Identify any areas which you have some concern about for your child.

Parent/Guardian Signature: _____

Date: _____

**Please Return Application To:
Jenine Kastner, Director of Special Services
Clinton Public School, 10 School Street, Clinton, NJ 08809**

Questions please call 908-735-8512 or email at JKastner@cpsnj.org