



2007-2008 Integrated Preschool Application
DUE May 18, 2007

Student's Name (Last, First, Middle Initial) _____

DOB _____

Male _____ Female _____

Parent/Guardian _____

Parent/Guardian home address

Parent/Guardian home phone _____

work phone _____

Those selected by lottery will be contacted by phone on
Friday, May 25.

A medical form & emergency contact form will be mailed after
acceptance to the program.

Please submit applications to:

Kathy Elleo
Wyckoff Family YMCA
691 Wyckoff Ave
Wyckoff, NJ 07481

How would you best describe your child?

Is there anything we should know about your child?
