☐ **3 years old by Oct. 1, 2012** ☐ **4 years old by Oct. 1, 2012**

**(Check appropriate box above)**

## READY Program Application 2012-2013

## NEW APPLICANT

Student's Name _____ * DOB_____

Last First Middle Initial Month Day Year

*Must be less than age 5 yrs. and at least 3 yrs. by October 1, 2012

Parent/Guardian Name(s) _____

Parent/Guardian Address: _____

Parent Guardian Email: _____

Parent/Guardian Work Address(es) _____

_____

_____

Home Phone_____ Business Phone(s) _____ Cell Phone_____

**In case of emergency please contact:**

Name(s)_____ _____

Home Address_____ _____

Bus. Address_____ _____

Phone (daytime) _____ _____

Phone (evening) _____ _____

Please check whichever applies:

____ I suspect my child might have a developmental delay or disability.

____ I do not suspect my child might have developmental delay or disability.

I understand that transportation is NOT provided.

Parent's/Guardian's Signature: _____

Print Name: _____

Date::_____

Please return this application
NO later than Friday, February 17, 2012 to:

Office of Special Services
Cranford Board of Education
132 Thomas Street
Cranford, New Jersey 07016

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