Cranford Public Schools offers an inclusive half day preschool Program called READY. The READY program is a regular education preschool program that places children with special needs with their typical peers. The Philosophy is based on the rationale that children learn through modeling and imitation and are motivated by other children. By integrating students with disabilities into typical preschool classes, maximum growth and development is achieved for all children.

Children who will be 3 years old or 4 years old by October 1, 2019 and are Cranford residents are eligible for READY. Applications must be received by U.S. mail or hand delivered no later than Friday, January 11th, 2019 to the Board of Education Office, 132 Thomas Street. Applications will not be accepted after that date.

Because of the popularity of this program, entry into the READY program for non-disabled students will be based on a lottery, if needed, which will be held on January 14th. If your child is selected you will be notified by mail shortly thereafter. If you are registering multiples, we cannot guarantee all children will be selected. The tuition charge for this program is $430.00 per month. First and last months tuition is due upon acceptance into the program and is non refundable. Cranford does NOT provide transportation to students in this program.

Applications for the READY program are available in the main offices at all the elementary schools within the district as well as our website, www.cranfordschools.org

For additional information or if you have any questions, you may call The Office of Special Services at (908)709-6217.
Cranford Public Schools
READY Program Application 2019-2020
NEW APPLICANT

☐ 3 years old by October 1, 2019
☐ 4 years old by October 1, 2019
*Must be less than age 5 yrs. and at least 3 yrs. by October 1, 2019
(Check appropriate box above)

Student’s Name: ____________________________
Last First M.I.

* DOB ___/___/____
Month Day Year

Gender: M____ F____

Parent/Guardian Name(s): ____________________________

Parent/Guardian Address: __________________________________

Home Phone: ____________________________ Email: ____________________________

Parent/Guardian Cell Phone parent 1. ____________________________
parent 2. ____________________________

Please check whichever applies:

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

_____ I suspect my child might have developmental delay or disability. Please indicate reason(s) below:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

__________________________________________________________________________

I understand that transportation is NOT provided.

Parent/Guardian’s Signature: __________________________________________

Print Name: __________________________________________

Date: ____________________________

Please return this application
NO later than Friday, Jan. 11th to:

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