

**Bloomfield Public Schools
The Early Childhood Center at Forest Glen
280 Davey Street
Bloomfield, NJ 07003
(973) 680-8686
Transitional Kindergarten Application 2017-2018**

Student Name: _____

DOB: ____/____/____ Last First MI **Gender:** Male ____ Female ____ **Age as of 10/1/2017:** ____

Home Language: _____ **Is he/she toilet trained** ____ Yes ____ No

Parent/Guardian Name: _____

Name: _____

Home Address No. & Street: _____

City, State, Zip: _____

E-Mail: _____ **Home Phone:** _____

Cell Phone: _____ (Mother) _____ (Father)

Has your child ever been seen by a Child Study Team? ____ yes ____ no

Employment Information:

Father:

Mother:

Business Name: _____

Business Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Parent/Guardian Signature: _____ **Date:** _____

Session run from 9:00 am-3:00 pm. (\$500/mo)

Child must turn 5 years old between October 2, 2017 and January 31, 2018

**Return to: Early Childhood Center at Forest Glen
280 Davey St.
Bloomfield, NJ 07003
973-680-8686 ext. 2850**

***Submit along with proof of residency (notarized lease or current mortgage statement/property tax bill) and a copy of the student's birth certificate.**