



### Preschool Program 2024-2025 School Year

Southampton Township School District is excited to announce the introduction of an integrated preschool program for the 2024-2025 school year! Students eligible for our Preschool Disability Program, as well as typically developing 3 and 4 year old Southampton Residents, are eligible to attend this program. A general preschool curriculum will be followed for all students.

All preschool sessions are two and one-half hour classes, Monday through Friday. The 3 year old program will run in the morning from 8:45 a.m. to 11:15 a.m. and the 4 year old program will run from 12:45 p.m. to 3:00 p.m.

Students enrolled in the Preschool Disability Preschool do not need to apply for the program and are automatically enrolled. General education students will need to complete an application for the program. This application will be posted on the district website on March 27, 2024. The application due date will be May 24, 2024. There will be a lottery system to select the students for the program.

To start the program in September applicants must be 3 years of age on or before September 30, 2024 and fully toilet trained as of the start of school. Tuition for general education students will be \$350.00 per month.

To obtain more detailed information about this exciting program, please call Maureen Walsh at (609) 859-2256 x 136.

**SOUTHAMPTON TOWNSHIP PUBLIC SCHOOLS SPECIAL SERVICES DEPARTMENT**

*in Historic Vincentown Village*

100 Miss Mabel Drive

Southampton, New Jersey 08088

Telephone (609) 859-2256 ext. 136 Facsimile (609) 859-3048

**"Building a Tradition of Excellence"**

*Maureen Walsh*

*Supervisor of Special Services*

*Telephone: (609) 859-2256*

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**PRESCHOOL PROGRAM APPLICATION  
2024-2025 SCHOOL YEAR**

Child's Name \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

(Students must be 3/4 years old by September 30, 2024)

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Class signing up for:      3 Year Old Program: \_\_\_\_\_      4 Year Old Program \_\_\_\_\_

Each program will be held 5 days a week for 2.5 hours. The annual cost will be \$350.00 per month. Enrollment will be based on a lottery system. The first monthly tuition installment must be received prior to August 31, 2024.

Before your child can begin the program, you must provide a copy of his/her current physical examination and immunization records and the completed registration.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this application to:

Maureen Walsh, Supervisor of Special Education  
Southampton School #2  
100 Miss Mabel Drive  
Southampton, NJ 08088

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**Southampton Township School District  
NJ State Demographic and Emergency Information**

Student's Name: \_\_\_\_\_

Last Name

First Name

Middle Name

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ County of Birth: \_\_\_\_\_

Ethnicity:     White                       American Indian/Alaskan             Multi: \_\_\_\_\_  
                   Black                             Hawaiian Native/Pacific Islander  
                   Hispanic                         Asian

Primary Language: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_

Address Where Child Resides: \_\_\_\_\_

Child Lives With:     Both Parents     Mother             Father  
                               Step-Father     Step-Mother     Other \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mother's Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Father's Date of Birth: \_\_\_\_\_

Please list two neighbors or nearby relatives who are at home during the day and would be willing to pick up your child at school and/or assume temporary care of your child if you cannot be reached during an emergency. ***PLEASE LIST TWO.***

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_