

englewood new jersey 07631 201-568-3042

3's STUDENT APPLICATION 2024-2025

PLEASE FILL OUT AND RETURN PROMPTLY

Name of Child	_MFNB Birthdate		
Parents' Names(Parent #1)	/(Parent #2)		
	(Town) (State) (Zip)		
Parent #1 Occupation Work	k #		
Mobile # Email Address	3		
Parent #2 Occupation Work	k #		
Mobile # Email Address	3		
Are you an alumni FPPK family?First Presbyterian Church of Englewood Member?			
How did you hear about FPPK?Name	e of Referral		
What schedule are you interested in for your child? Half Day(9-11:55) Lunch Bunch(9-1) Full Day(9-2:55)			
How many/which days of the week are you interested in? M T W Th F (min 4 half days/max 5 full days)			
Are you interested in Before Care (8-8:50am)/Extended Day (3-4pm)? Programs are subject to enrollment.			
FPPK is able to offer limited Financial Aid to families who qualify. Will you be applying for Financial Aid?			
Previous school(s) applicant has attended			
FPPK is an inclusive school and will work to support all children in our program, where possible.			
Has your child received services in the past?Current	ntly receiving services? (Speech/OT/ PT/ABA)		
	o any child who is 3 or older by10/31/2024. . (This includes absences due to travel.) s due within 2 weeks of notification of acceptance and addition to the total tuition fee. s remaining tuition balance, due upon signing contract.) naining balance paid with an established payment plan. he school receives the application and fee. y placement. st day of school, a completed Universal Health Form with		

Office Use Only: Application Fee Paid On_	Check#	Cash
Application Received On:	Acceptance Date:	

150 east palisade avenue