

**PANDAS Integrated Preschool Program for 4 Year Olds
Initial Application For Typically Developing Students**



JOSEPH F. CAPPELLO SCHOOL
Hamilton, NJ

Child's Name _____ **Boy** ___ **Girl** ___ **DOB** _____
(Students must be 4 years old by December 31, 2009 to be eligible for the program)

Street Address _____

City _____ **Zip** _____

Parent/Guardian's Name _____

Parent/Guardian's Name _____

Home Phone _____ **Cell Phone** _____

I would like to apply for enrollment of my 4 year old child, _____ to be a peer in the **PANDAS** Integrated Preschool Program. This program will operate on the Joseph F. Cappello School calendar, 5 days/week for 5.5 hours per day. The cost is \$500 per month for the 2009-2010 school year, (September 2009 – June, 2010), and \$600 for the five week summer program from July 7 – August 7, 2009. **Transportation is not included and will not be provided by the school.** I understand that in the event that there is an oversubscription of this program a lottery will be held to determine enrollment in the program. I understand that students **must be toilet trained** to participate in the **PANDAS** program. If selected, I will complete program enrollment forms for my child and provide a copy of his/her current physical examination and immunization records.

Parent Signature _____ Date _____

Please return no later than May 1st to:

**Joseph F. Cappello School
1072 Old Trenton Road
Hamilton, NJ 08690**