

HAPPY FACE NURSERY SCHOOL

P.O. Box 81

Califon, NJ 07830

(908) 832-7510

Located In: Lower Valley Presbyterian Church, 443 County Route 513

2020/2021

APPLICATION FOR HAPPY START SCHOLARSHIP

Preferred Session: 3's or 4's Type of Enrollment: New ___ Existing ___ Sibling ___

Child's Name: _____
(Last) (First) (Middle) (Nickname)

Birth Date: _____ M/F: Male Female

Mailing Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____ E-Mail: _____

Elementary School District: _____ (e.g. Califon, High Bridge, Lebanon Twp., Tewksbury)

Father's Name: _____ Mother's Name: _____

Occupation: _____ Occupation: _____

Business Address: _____ Business Address: _____

Work Phone: (____) _____ Work Phone: (____) _____

Monthly Income: _____ Monthly Income: _____

Names and Birth Dates of Siblings: _____

How much is your monthly Rent/Mortgage? _____

How much is your monthly car payment(s)? _____

Do you contribute to your retirement savings? Yes No

Do you have any other assets such as stocks, money markets, and investments? Yes No

Please describe any special circumstances that you would like the Board of Trustees to consider (e.g. child support, other tuitions for education, or other expenses):

PLEASE ATTACH YOUR (2019) 1040 FEDERAL TAX FORM

Please sign: ***I HAVE RECEIVED, AND AGREE TO, THE REGISTRATION POLICIES OF HAPPY FACE NURSERY SCHOOL OF CALIFON, INC.***

Name: _____ Date: _____
(please print)

Signature: _____

Please return this completed and signed application to the school in person during open registration or by mail to:

**Happy Face Nursery School of Califon, Inc.
P.O. Box 81
Califon, New Jersey 07830**

HAPPY FACE USE ONLY:

Date Received: _____

1040 Form Received: _____