

## General Education Inclusive Preschool Program Eligibility Application

Child's Full Name: *(please print)*: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Will your child be at least three years old by October 31, 2023?    Yes        No
2. Are you receiving assistance through food stamps or TANF?    Yes        No
3. Is your child, a foster child?    Yes        No
4. Is your family eligible for free and reduced lunch based on income below?    Yes        No
5. Circle on the chart your family size and the closest amount to your annual, monthly, or weekly income level.

Family Size	Annual	Monthly	Weekly
<i>One</i>	\$26,973	\$2,248	\$519
<i>Two</i>	\$36,482	\$3,041	\$702
<i>Three</i>	\$45,991	\$3,833	\$885
<i>Four</i>	\$55,500	\$4,625	\$1,068
<i>Five</i>	\$65,009	\$5,418	\$1,251
<i>Six</i>	\$74,518	\$6,210	\$1,434
<i>Seven</i>	\$84,027	\$7,003	\$1,616
<i>Eight</i>	\$93,535	\$7,795	\$1,799
<i>For Each Additional Family Member Add</i>	\$9,509	\$793	\$183

6. Is your family income less than the lowest amount listed above?    Yes        No  
If Yes, please give amount: \$ \_\_\_\_\_    Annual     Monthly     Weekly
7. Are you and your child (children) residents of East Brunswick?    Yes        No

Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

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

**Please Note: Families that meet the guidelines for free and reduced lunch will be asked to submit verification of income (last paycheck for everyone in the household) if selected.**  
Mail or email completed Eligibility Application to: [kkeegan2@ebnet.org](mailto:kkeegan2@ebnet.org) or

Assistant Superintendent of Student Activities/Services  
East Brunswick Public Schools  
760 Route 18  
East Brunswick, NJ 08816