

Dear Bergenfield Parents and Guardians,

The Bergenfield Board of Education is proudly continuing its **free full day integrated preschool program** made available through the Preschool Expansion Aid [PEA], and all Bergenfield children **who will be at least three years old by October 1, 2024** are eligible. Attendees are expected to be present for the full day, from 8:30 am through 3:10 pm, for the duration of the school year. Currently, the district has five integrated preschool classes housed at Franklin, Hoover and Lincoln elementary schools, though the location of these rooms is subject to change prior to the start of the 2025 school year.

As part of our effort to address the needs of our youngest learners, and based on a successful experience during the 2023-2024 school year, **the district will continue to have two additional sections of preschool at the Bergenfield Head Start location.** These classes will be open only to preschool students who reside in Bergenfield and will follow all of the same requirements as the preschool rooms housed within our elementary buildings. **Since Head Start is a federally funded program for families of low income, those who attend our program offered at Head Start must be income eligible.** If you feel your family may qualify, please indicate this on the preschool application. To learn more about Head Start, [CLICK HERE](#)

Each class, regardless of its location, is taught by a New Jersey certified teacher accompanied by a skilled paraprofessional, both of whom are dedicated to providing the best educational foundation for your child. This program, based on the Creative Curriculum for Preschool, provides the children of Bergenfield with an excellent child-centered experience and is designed to prepare our students to succeed academically and socially as they begin their school journey.

If there are more requests than can be accommodated, a lottery will be held in the Spring for all eligible students, and the date and time of the drawing will be posted on the district website.

**Please note that if you applied last year and did not get into the three year old program, you must apply again this year in order to be included in the lottery.** Once accepted into the program, families should contact Ms. Alice Nieves, District Registrar, at 201-385-8600, ext. 1609 to begin the registration process.

We are looking forward to working with your child in the upcoming school year. If you have any questions, please do not hesitate to contact me or my administrative assistant Ms. Lindsey Kristoff at 201-385-6250 X1910.

Sincerely,

Ms. Darlene Markman  
Assistant Superintendent for Curriculum & Instruction



This application must be returned to Ms. Darlene Markman, Assistant Superintendent for Curriculum and Instruction by **March 22, 2024**. Applications can be mailed to her attention at 225 West Clinton Avenue, Bergenfield, NJ or can be emailed to Ms. Lindsey Kristoff at [lkristoff@bergenfield.org](mailto:lkristoff@bergenfield.org)

**Please Print All Information:**

\_\_\_\_\_ My child will be **3** years old as of October 1, 2024

\_\_\_\_\_ My child will be **4** years old as of October 1, 2024

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

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name (s): \_\_\_\_\_

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

Phone Numbers: Home \_\_\_\_\_ Work: \_\_\_\_\_

Cell \_\_\_\_\_ Email: Address \_\_\_\_\_

Is English the primary language in your home? Yes \_\_\_\_\_ No \_\_\_\_\_

**Bergenfield Head Start Option**

\_\_\_\_\_ **YES**, I may be income eligible, would like to be considered for Bergenfield's PEA classes offered at the Bergenfield Head Start location, and consent to have this application shared with the Head Start staff for review. **I understand that if I am NOT income eligible, my child will still be considered for the integrated preschool classes offered within the district elementary school buildings.**

\_\_\_\_\_ **No**, please do not share this information with Head Start as I do not believe I am income eligible.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions, please contact Ms. Darlene Markman, Assistant Superintendent of Schools, 201-385-6250 or **Ms. Nicole Mulligan Head Start** at 973-546-2634 x7470

For more information on the Bergenfield Head Start Program please visit their website at  
[Greater Bergen Community Action Head Start](#)

## **Bergenfield's Head Start Location Applicants ONLY**

### Bergenfield Public Schools Preschool Program

If you are interested in the Bergenfield Preschool Head Start opportunity, you will need to provide the information below to Head Start. Please **DO NOT** submit the items below with your application, but **DO** have this documentation ready for when Head Start contacts you about your application.

For FAQs regarding income eligibility and other Head Start offerings [CLICK HERE](#) or contact Ms. Nicole Mulligan at 973-546-2634 x7470 or via email at [Nicole.mulligan@greaterbergen.org](mailto:Nicole.mulligan@greaterbergen.org)

## **Financial Documents**

### *Income Verification for Household for Head Start Applicants **ONLY***

- \_\_\_\_\_ Last Year's Income Tax Return: Form 1040 with W2's/1099's, etc.
- And***
- \_\_\_\_\_ Paystubs: 4 consecutive recent pay stubs for weekly pay or  
2 consecutive recent pay stubs for bi-weekly or bi-monthly  
Payroll. Otherwise, a letter on company letterhead from employer stating  
your salary, hours and period of employment
- \_\_\_\_\_ A printout of your weekly benefits if you are receiving Unemployment
- \_\_\_\_\_ The Allotment Letter if you are receiving SSI benefits
- \_\_\_\_\_ Letter from the Board of Social Services with monthly benefit amount if you  
are receiving public assistance
- \_\_\_\_\_ Verification of any child support payments you may be receiving.

**\*\*Please submit these forms *directly* to Head Start as Bergenfield School District does not require it\*\***

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

\_\_\_\_\_

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Head Start Application #: \_\_\_\_\_ (provided by Head Start)