



FAIRVILLE FRIENDS SCHOOL, INC.
PRESCHOOL
PRE-REGISTRATION FORM

Child's Name _____

Current Age _____ Birthdate _____ Gender _____

Parents' Names _____

Address _____ City _____ State _____ Zip _____

School District _____

Phone Numbers: Home _____ Work _____ Cell _____

Email Address _____

Are you a member of a Friends Meeting? Yes No If so, which Meeting? _____

DESIRED ENTRY DATE: (please check one):

September 2024 _____

September 2025 _____

September 2026 _____

Please Choose Your Desired Schedule (Please rank all acceptable choices)

Morning Session, 8:30 – 12:15, including am snack & lunch

_____ Mondays through Fridays (3 years old and up)

_____ Mondays, Wednesdays, Fridays

_____ Tuesdays, Thursdays

**Please return this signed Pre-Registration Form and enclose a non-refundable \$25
Pre-Registration Fee made out to Fairville Friends School.**

PARENT'S SIGNATURE _____