



FAIRVILLE FRIENDS SCHOOL, INC.

KINDERGARTEN  
PRE-REGISTRATION FORM

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

Current Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School District \_\_\_\_\_

Email Address \_\_\_\_\_

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

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 \_\_\_\_\_

Fairville Friends School Kindergarten is a 5-day program running from 8:30 am – 3:15 pm with a half-day option on Fridays. A morning and afternoon snack, as well as lunch, are included in tuition.

**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 \_\_\_\_\_ DATE \_\_\_\_\_