

FAIRVILLE FRIENDS SCHOOL, INC.

KINDERGARTEN

2012-2013 Registration Form

Child's Name _____
First Last

What would you like your child to be called? _____

Age _____ Sex _____ Birthdate ____/____/____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Parent 1's Name _____ Cell _____

Occupation _____ Work Phone _____

Business Name _____

Parent 1's Email _____

Parent 2's Name _____ Cell _____

Occupation _____ Work Phone _____

Business Name _____

Parent 2's Email _____

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

Fairville Friends School Kindergarten is a 5-day program running from 8:30 am – 3:15 pm, including morning & afternoon snack and lunch.

Please return this signed form and enclose a **\$50.00 Non-Refundable Registration Fee** made payable to Fairville Friends School.

Date _____ Parent's Signature _____

With the exception of preference given to siblings of current students and alums, and to members of the Religious Society of Friends for admission; Fairville Friends School, Inc. does not discriminate on the basis of race, creed, national or ethnic origin, or sex in the administration of its educational policies, personnel policies, and other school-administered programs.