



**Preschool Playtime  
Fairville Friends School  
216 Pond View  
Chadds Ford, Pa 19317  
Registration Form  
2011-2012**



Name of Caregiver \_\_\_\_\_

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

Child's Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Child's Age \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I am enrolling for the following session:

- Tuesdays, January 24 – March 13**
- Wednesdays, January 25 – March 14**
- Tuesdays, March 20 – May 22**
- Wednesdays, March 21—May 23**

Emergency Contact Information

Name (other than caregiver in attendance) \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

**Please make checks payable to Fairville Friends School in the amount of \$150.00.**

Parent Signature \_\_\_\_\_

\*How did you hear about this class? \_\_\_\_\_

☺ Thank You ☺