FAIRVILLE FRIENDS SCHOOL, INC.

PRE-REGISTRATION FORM

Child's Name_____

Current Age_____Birthdate_____Sex_____

Parents'
Names_____

Address_____City_____State_____Zip_____

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 2011_____

September 2012_____

September 2013_____

DESIRED SCHEDULE: (please check)

Mornings 8:30 am – 12:15 pm _____

Afternoons 1:00 pm – 3:15 pm _____

5 days_____ 3 days_____ 2 days_____

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

PARENT'S SIGNATURE_____

FOR OFFICE USE ONLY: Date Received_____