

FAIRVILLE FRIENDS SCHOOL, INC.

216 POND VIEW

CHADDS FORD, PA 19317

610-388-1268

**PRESCHOOL
PRE-REGISTRATION FORM**

Child's Name _____

Current Age _____ Birthdate _____ Sex _____

Parents' Names _____

Address _____ City _____ State _____ Zip _____

Phone Numbers: Home _____ Work _____ Cell _____

Email _____

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

DESIRED ENTRY DATE: (please check one) September 2017 _____

September 2018 _____

September 2019 _____

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 School.**

PARENT'S SIGNATURE _____

FOR OFFICE USE ONLY: Date Received _____