



**Preschool Playtime  
Fairville Friends School  
216 Pond View  
Chadds Ford, PA 19317  
REGISTRATION FORM  
2017-2018**



Name of Parent/Caregiver \_\_\_\_\_

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

Child's Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Child's age \_\_\_\_\_

Address \_\_\_\_\_

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

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

I am enrolling for the following session (Please check one):

**Session D** \_\_\_\_\_ **TUESDAYS, March 20<sup>th</sup> – May 15th** (9:15 – 10:30 am)

**Session D** \_\_\_\_\_ **WEDNESDAYS, March 21<sup>st</sup> – May 16th** (9:15 – 10:30 am)

Emergency Contact Information

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

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

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

Does your child have any known food allergies? \_\_\_\_\_

**~~ Please make checks payable to Fairville Friends School in the amount of \$185.00. ~~**

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

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

☺ Thank You ☺

**\* Please note: This class is intended for children ages 18-36 months of age.**

FOR OFFICE USE ONLY - Date / Time Received: \_\_\_\_\_