

## FAIRVILLE FRIENDS SCHOOL, INC.

## KINDERGARTEN PRE-REGISTRATION FORM

Child's Name						
Current AgeBirt		hdate		Gend	ler	
Parents' Names_						
Address		_City		State	Zip	
Email Address						
Phone Numbers: I	Home	Work_		Cell		
Are you a membe	er of a Friends Meeting?	Yes	No	If so, which Mee	:ting?	
DESIRED ENTRY DA	ATE: (please check one)	heck one) September 2023				
		September 2024				
			Other (please specify)			
	Friends School Kinde 15 pm with a half-da snack, as well as	y optio	n on F	ridays. A morn	ing and afternoon	
	rn this signed pre-reg 5 pre-registration Fee					
PARENT'S SIGNATI	URE				DATE	
216 Pond View	Chadds Ford, PA 193	17	61	0-388-1268	www.fairvillefriends.org	