FAIRVILLE FRIENDS SCHOOL, INC.

KINDERGARTEN
PRE-REGISTRATION FORM

Child's Name_____

Current Age_____Birthdate_____Gender_____

Parents' Names_____

Address_____City_____State_____Zip_____

School District_____

Email Address_____

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 2026_____

September 2027_____

September 2028_____

Fairville Friends School Kindergarten is a 5-day program running from 8:30 am – 3:15 pm with a half-day option on Fridays. A morning and afternoon snack, as well as lunch, are included in tuition.

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_____ DATE_____