



# Fair Haven Day School

2019-2020

Student's Name \_\_\_\_\_ Name called \_\_\_\_\_  
last first m.i.

Female  Male Date of birth \_\_\_\_\_ Age as of this Sept. 1 \_\_\_\_\_

Has your child previously been in school? No Yes (Where?)

Mother's Information			
Name	Home Address	City	Zip
Occupation	Employer		
Home phone ( )	Work phone ( )	Cell phone ( )	
Email address			
Father's Information			
Name	Home Address	City	Zip
Occupation	Employer		
Home phone ( )	Work phone ( )	Cell phone ( )	
Email address			

Who has full custody of this child? Both parents Mother Father

Other Are you a member of Fair Haven United Methodist Church? Yes No  
Class desired (first preference only) Mon./Wed./Fri. Tues./Thurs. 5 Days

If you wish to enroll your child in extended hours, please indicate which time(s) you desire:

	7am - 9am	2pm - 4pm	4pm - 6pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only

Application Rec'd

Date Enrolled

Reg. Pack Given

Reg.Pack Rec'd

Class Enrolled

Application Fee ck. #

Supply Fee ck. #

Data A

Data B

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