

Fair Haven Methodist Day School

Application for Admission

Year _____

Student's Name _____ Name called _____
last first m.i.

___ Female ___ Male Date of birth ___/___/___ Age as of this Sept. 1 ___/___
month day year years months

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 _____

<i>Office Use Only</i>	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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