Fair Haven Day School

Student's Name: _____

Age as of Sept. 1, 2019: _____ /_____
Years *Months*

Session One

Registration fee $20
June 3rd-28th

☐ M/W/F ☐ T/TH ☐ 5-Days

Session Two

Registration fee $20
July 1st-August 2nd
July 4th and 5th: SCHOOL CLOSED

☐ M/W/F ☐ T/TH ☐ 5-Days

Extended Care Week

August 5th-9th
August 12-14: Closed for Staff Development
August 15 fall semester starts

☐ Yes ☐ No

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

Session 1

	7-9a	2-4p	4-6p
Monday	☐	☐	☐
Tuesday	☐	☐	☐
Wednesday	☐	☐	☐
Thursday	☐	☐	☐
Friday	☐	☐	☐

Session 2

	7-9a	2-4p	4-6p
Monday	☐	☐	☐
Tuesday	☐	☐	☐
Wednesday	☐	☐	☐
Thursday	☐	☐	☐
Friday	☐	☐	☐

Parent Signature_____ **Date** _____

Office Use Only	Application Rec'd	Date Enrolled	Reg. Pack Given	Reg. Pack Rec'd
	Class Enrolled	Registration Fee ck. #	Data A	Data B