



Fair Haven Day School

2020-2021 Pre-Admission Form

Expected Start Date _____

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			

Other Are you a member of Chapelwood 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 _____

Date of Application	Application Fee Rec'd	Office Use Only P-K supply Fee Rec'd	Pro-Care	Folder
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www.fairhavendayschool.org