



Fair Haven Day School

2024-2025 Pre-Admission Form

Expected Start Date _____

Child's Name _____
Last First Middle

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			

Are you a member of Chapelwood or Fair Haven Church? Yes No

Please select a program: **Full- Care** or

Mon/Wed/Fri 9am-2pm or **Tues/Thurs 9am-2pm** or **Mon-Fri 9am-2pm**

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 _____