



# Fair Haven Day School

2025-2026 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 \_\_\_\_\_