

FAIRLAWN PRESCHOOL 2024-2025 REGISTRATION

Child's Name _____ Birthdate ____/____/____

Address _____ Zip _____

Contact Phone Number _____ Contact Email _____

Gender: M / F Primary Language _____ Person(s) with Whom Child Resides _____

Father's Name _____ Phone _____

Address (if different than child) _____ Zip _____

Mother's Name _____ Phone _____

Address (if different than child) _____ Zip _____

_____ M/W/F	Two Year Old	9:00-11:30 (Must be 2 by 8/1/24)
_____ T/TH	Two Year Old	9:00-11:30 (Must be 2 by 8/1/24)
_____ M/W/F	Three Year Old*	9:00-11:30 (Must be 3 by 8/1/24)
_____ T/TH	Three Year Old*	9:00-12:30 (Must be 3 by 8/1/24)
_____ M - F	PreK*	9:00-12:00 (Must be 4 by 8/1/24)
_____ M/W/F	PreK*	9:00-12:30 (Must be 4 by 8/1/24)
_____ T/TH	PreK*	9:00-12:30 (Must be 4 by 8/1/24)

*Must be toilet trained during the day

Medical problems we should be aware of: _____

Any special services your child is receiving: _____

Additional comments: _____

Office Use Only
Date Enrolled _____ Fee Paid _____ Activity Fee _____ Applying for Scholarship Y/N