

FAIRLAWN PRESCHOOL 2026-2027 REGISTRATION

Child's Name _____ Birthdate _____
 ____/____/____

Address _____ Zip _____

Contact Phone Number _____ Contact/Billing
 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 8/1/26)
_____	T/TH	Two Year Old	9:00-11:30 (Must be 2 by 8/1/26)
_____	M-F	Three Year Old*	9:00-12:00 (Must be 3 by 8/1/26)
_____	M/W/F	Three Year Old*	9:00-11:30 (Must be 3 by 8/1/26)
_____	T/TH	Three Year Old*	9:00-12:30 (Must be 3 by 8/1/26)
_____	M - F	PreK*	9:00-12:00 (Must be 4 by 8/1/26)
_____	M/W/F	PreK*	9:00-12:30 (Must by 4 by 8/1/26)

Medical problems we should be aware of:

Any special services your child is receiving:

Additional comments:

<p style="font-size: small; margin: 0;">Office Use Only</p> <p style="margin: 0;">Date Enrolled _____ Fee Paid _____ Activity Fee _____ Applying for Scholarship _____</p>
--