FAIRLAWN VILLAGE PRESCHOOL ENROLLMENT APPLICATION

CHILD'S NAME:		MF	_ DATE OF BIRTH: _	
PREVIOUS PRESCH	OOL/DAYCARE ATTENDED:		NO YES _	YEARS
MY CHILD IS POTTY	'TRAINED: YES NO ** <u>CHIL</u>	<u>D MUST BE FULLY F</u>	POTTY TRAINED BY	START OF SCHOOL.
MOTHER'S NAME:	FATHER	'S NAME:		
ADDRESS:	CITY: ZIP CO		DE:	
CELL PHONE:	HOME PHONE:			
EMAIL ADDRESS: _				
ENROLLI	MENT DEPOSIT MUST BE PAID V	VHEN APPLICA	TION IS SUBMI	TTED:
	½ DAY CLASS \$125 FULL DAY CLASS \$250			_
1 ST CHOICE:	3 DAY (Wed. – Fri.) ½ DAY C	CLASS: Age 3 _	Age 4	Age 5
	5 DAY, ½ DAY CLASS:	Age 3 _	Age 4	Age 5
	3 FULL DAY (Wed. – Fri.) 9-	3 PM Age 3	Age 4	Age 5
	5 FULL DAY CLASS 9-3 PM	Age 3	Age 4	Age 5
2 nd CHOICE:	3 DAY (Wed. – Fri.) ½ DAY 0	CLASS: Age 3 _	Age 4	Age 5
	5 DAY ½ DAY CLASS:	Age 3 _	Age 4	Age 5
	3 DAY FULL DAY CLASS: 9-	- 3 PM Age 3 _	Age 4	Age 5
	5 DAY FULL DAY CLASS: 9	- 3 PM Age 3 _	Age 4	Age 5
******ALL ½ DAY SESSIONS ARE SCHEDULED FOR MORNING FROM 9 AM – 11:30 AM******				
	annot be filled, your second choice will the place you on a waiting list with your approvance REFUNDS GIVEN.			
*** I understand the	application for enrollment if for the entire	school year, Septemb	per – May (9 months)
*** I understand tha	t ALL CHILDREN are required to be FULLY VA	ACCINAATED to be en	rolled in FAIRLAWN	VILLAGE PRESHOOL
*** I understand tha	t ALL CHILDREN MUST BE FULLY POTTY TRA	INED by the beginnin	g of September whe	n school begins.
PARENT/GUARDIA	AN SIGNATURE:	DAT	E:	
AMOUNT SUBMITTED	O: CHECK #:			
SUBMIT APPLICATION	N AND PAYMENT TO: FAIRLAWN VILLAGE P	RESCHOOL, 3300 MC	REWOOD RD, FAIRL	AWN OH 44333

QUESTIONS REGARDING APPLICATIONS, PLEASE CALL: #330-867-4915