

Toddlers & Friends | registration 2018-19

Children 20–36 months are eligible for The Friends School Haverford Toddlers & Friends program.

CHILD'S NAME _____ BIRTHDATE ____/____/____

1st PARENT'S NAME _____

PHONE H _____ W _____ C _____

ADDRESS _____

EMAIL ADDRESS _____

2nd PARENT'S NAME _____

PHONE H _____ W _____ C _____

ADDRESS _____

EMAIL ADDRESS _____

NAME OF THE ADULT THAT WILL BE ATTENDING THE CLASS WITH THE CHILD _____

PLEASE CIRCLE THE DESIRED SESSION DATES AND CHECK PAYMENT

FALL 2018 SEMESTER

Tuesdays & Thursdays from 9:30 am - 11 am

September 11, 13, 18, 20, 25, 27

October 2, 4, 9, 11, 16, 18, 23, 25, 30

November 1, 6, 8, 13, 15, 27, 29

December 4, 6

*Tuesday Make up December 11, Thursday Make up December 13

___ # of classes at \$25 per class = _____

___ 2nd child at \$12.50 per class (50% off) = _____

___ All Tuesdays: \$265.00 (Twelve classes)

___ All Thursdays: \$265.00 (Twelve classes)

SPRING 2019 SEMESTER

Tuesdays & Thursdays from 9:30 am - 11 am

January 8, 10, 15, 17, 22, 24, 29, 31

February 5, 7, 12, 14, 19, 21, 26, 28

March 5, 7, 12, 14, 19, 21

April 4, 9, 11, 16, 18, 30

May 7, 9, 14, 16, 21, 23

*Tuesday Make up May 28, Thursday Make up May 30

___ # of classes at \$25 per class = _____

___ 2nd child at \$12.50 per class (50% off) = _____

___ All Tuesdays: \$375.00 (Seventeen classes)

___ All Thursdays: \$375.00 (Seventeen classes)

*These days are used when classes are cancelled due to weather or illness.

Complete payment is due with contract.

Toddlers & Friends registration is on a first come, first served basis. There will be no DROP INS. Payment is needed to hold a spot. Parents can sign up for one semester or two Tuesday and/or Thursday. Limited space available; maximum number of students per class is twelve. To guarantee a space for your child, please return this form with the full tuition amount to: Friends School Haverford, 851 Buck Lane, Haverford, PA 19041.

All fees must be paid before your child will be admitted to the program. No refunds will be made for non-attendance.

List any allergies or special dietary needs _____

_____/____/____
Parent / Guardian Signature Date

_____/____/____
Administrator's Signature Date