London Grove Friends Kindergarten 2017 - 2018

Name of Child				
	First	Middle	Last	
Child's Nickna	me or Preference			
Date of Birth				
	Month	Day	Year	
		e Monthly meeting, anoth	her Friends meeting, or an Alumnus	
School District	in which your child	resides		
Names and age	s of brothers and sis	ters		
Allergies, speci	ial medical or educat	tional needs		
D. A. M.				
Parents's Name				
Address	reet	City/Town	State, Zip	
Email	icci	City/ Town	State, Zip	
Home Phone		Cell Phone		
Occupation				
-				
Parent's Name				
Address		C' /T		
Str Email	reet	City/Town	State, Zip	
Home Phone		Cell Phone		
Occupation	Cell Phone			
May we include	e your contact inforr		ributed to the families of children	
Applying for		Half-Day (Children must be 5 yrs old by May 1, 2018.) \$4600 (plus \$175 Registration Fee)		
		(Children must be 5 yrs ous \$175 Registration Fee		
		•	le days interested) 1/3 days, \$1400/2 days, \$700/1 day	

Registration Fee waived if received by March 31, 2017.

Applications will only be accepted through the mail. Please mail to:
500 West Street Road
Kennett Square, PA 19348
Checks should be made payable to:
London Grove Friends Kindergarten