

# Freetown Friends School, LLC

## 2018-/19 application

Child's Name: \_\_\_\_\_  
(first) (last)

Child's Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_

Address: \_\_\_\_\_  
(street) (apt#) (city) (zip)

Home Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Employer: \_\_\_\_\_ cell phone #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Employer: \_\_\_\_\_ cell phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Names and ages of other children in the family: \_\_\_\_\_

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### PROGRAM CHOICES AND PRICES:

2 Day program- \$240/month

3 Day program- \$325/month

5 Day program- \$490/month

I'm interested in (please check one):

First Choice: Monday/Wednesday/Friday \_\_\_\_\_ Tuesday/Thursday \_\_\_\_\_ M-F \_\_\_\_\_

Second Choice: Monday/Wednesday/Friday \_\_\_\_\_ Tuesday/Thursday \_\_\_\_\_ M-F \_\_\_\_\_

Please return with a \$25 application fee to: Freetown Friends School, LLC 2487 Freetown Drive Reston VA 20191