

Freetown Friends School, LLC

2026-2027 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: _____

PROGRAM CHOICES AND PRICES:

2 Day program- \$275/month

3 Day program- \$390/month

5 Day program- \$600/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
Or Zelle 703-626-2229