



Freetown Friends School, LLC 2022-2023 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 - \$260/month

3-Day program - \$375/month

5-Day program - \$575/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