

# Goshen Friends School

## By My Side Program Application, 2019-2020

### Student Information

Last name	First name	Middle	Nickname	Gender
Date of birth (children entering the program must be 2 years old by February 29, 2020): _____				
Place of birth: _____				
Home address			Primary telephone number	
City		State	Zip	

### Family Information

Parent name	Parent name
Home address (if different from student)	Home address (if different from student)
City/State/Zip	City/State/Zip
Cell phone	Cell phone
Email address	Email address

### Class Preference

(Please note: Classes run from 9:30 a.m. to 11 a.m.)

**Session:** Fall (September through December) \_\_\_\_\_ Spring (February through April) \_\_\_\_\_

Both Fall & Spring \_\_\_\_\_

**Day:** Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Both Wednesday & Thursday \_\_\_\_\_

**The cost for each one-day, 12-week session is \$400.**

**A discount of \$50 is offered for full payment on enrollment in two sessions (either for one day in both Fall and Spring or for both Wednesday and Thursday in either Fall or Spring).**

**Please list the names of siblings below:**

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Name	Current School	Birthdate	Did the sibling attend Goshen Friends?
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Does the applicant or any other member of the applicant's family belong to the Society of Friends? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please provide the Monthly Meeting name & attendee's relationship to applicant: \_\_\_\_\_

### **How Did You Hear About Goshen Friends School?**

Website      Friend/Word of Mouth      Print Ad      Internet Search      School Sign

### **Health Concerns & Testing**

Are there any health concerns and/or allergies? Has any testing been done? Please list below:

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Signature of parent or guardian

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Date

**Applications can be mailed to: Goshen Friends School, 814 N. Chester Rd. West Chester, PA 19380.  
For questions, please call 610-696-8183.**

**Checks should be made payable to Goshen Friends School.**

