

# Goshen Friends School

## By My Side Program Application, 2019-2020

### Student Information

Last name	First name	Middle	Nickname	Gender
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Date of birth (children entering the program must be 2 years old by February 29, 2020): \_\_\_\_\_

Place of birth: \_\_\_\_\_

Home address	Primary telephone number
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City	State	Zip
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### Family Information

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

Name	Current School	Birthdate	Did the sibling attend Goshen Friends?
Name	Current School	Birthdate	Did the sibling attend Goshen Friends?
Name	Current School	Birthdate	Did the sibling attend Goshen Friends?

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

\_\_\_\_\_  
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.**

