

Registration Form

(Please submit a \$100 non-refundable registration fee with the registration)

Child's Name: _____ Home Phone #: _____

Birthdate: _____ Nickname: (if commonly used) _____

Address: _____

Siblings (include ages): _____

Mother's Name: _____ Occupation: _____

Cell phone: _____ Work phone: _____

Email: _____

Father's Name: _____ Occupation: _____

Cell phone: _____ Work phone: _____

Email: _____

Marital Status: Single Married Separated Divorced Widowed

Religion: _____ Church: _____

Have you had children previously enrolled in our program? Yes No Year _____

Emergency Contacts (Please provide 2 contacts within a 15 minute drive from First Friends CDC)

Name: _____ Address _____ Phone _____ Cell _____

Name: _____ Address _____ Phone _____ Cell _____

Does your child have any physical or emotional disabilities? Yes No

If yes, please describe: _____

Does your child have any allergies? _____

Do you have an action plan from a doctor for your child's allergies? Yes No

Please provide a description of your child's personality: _____

Please include any additional information that would help us to effectively work with your child: _____

Please Check the appropriate box below to indicate class choice:

<i>Programs</i>		<i>Days</i>				
<i>Toddlers/Walkers</i>	Monday - Friday 9:00 - 12:00	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri
<i>Half Day</i>	Monday - Friday 9:00 - 1:00	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri
<i>School Day</i>	Monday - Friday 9:00 - 3:00	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri
<i>Full Day</i>	Monday - Friday 7:30 - 5:30	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri

<i>Extra Hours</i>		<i>Days</i>				
<i>Lunch Bunch</i>	Monday - Friday 12:00-1:00	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri
<i>Enrichment</i>	Monday - Friday 1:00 - 3:00	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri
<i>Before Care</i>	Monday - Friday 7:30 - 9:00	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri
<i>After Care</i>	Monday - Friday 3:00 - 5:30	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri

Parent Signature: _____

Date: _____