



First Friends Child Development Center
 18 Church Street
 Flemington, NJ 08822

Phone: (908) 237-0408
 Email: FirstFriendsOfHunterdon@gmail.com
 www.firstfriendsofhunterdon.com

FIRST FRIENDS REGISTRATION FORM 2022-2023 ACADEMIC YEAR

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: _____

Emergency Contacts

Name: _____ Address: _____

Phone: _____ Cell: _____

Name: _____ Address: _____

Phone: _____ Cell: _____

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

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

If yes, please describe: _____

Is your child toilet trained?: Yes No

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>				
Half Day: 9:00am - 1:00pm	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
School Day: 9:00am - 3:00pm	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Extended Day: 8 Hour Schedule	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Full Day: 7:30am - 5:00pm	<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>				
Enrichment: 1:00pm - 3:00pm	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Before Care: 7:30am - 9:00am	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
After Care: 3:00pm - 5:00pm	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri

Parent Signature: _____

Date: _____