



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

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: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

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: \_\_\_\_\_

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

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What date would you like your child to start attending: \_\_\_\_\_

**Please check the appropriate box below to indicate class choice:**

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

<b><i>Additional Hours</i></b>	<b><i>Days</i></b>				
<b>Enrichment:</b> 1:00pm - 3:00pm	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
<b>Before Care:</b> 7:30am - 9:00am	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
<b>After Care:</b> 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: \_\_\_\_\_