



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

Phone: (908) 237-0408
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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: _____

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

What date would you like your child to start attending: _____

Please check the appropriate box below to indicate schedule choice:

<i>Programs</i>	<i>Days</i>				
Half Day: Up to 6 Hours per Day	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Full Day: Over 6 Hours per Day	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
Please list the hours of care you are looking for: _____:_____ am - _____:_____ pm					

How did you hear about First Friends?: _____

Parent Signature: _____

Date: _____