

Park Ridge First Friends Registration Form

Date: August 1st, 2024
Contact: Tara Farrelly
First Friends of Park Ridge
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201.835.0529

Child's Name: _____

Date of Birth: _____ Age: _____

Will siblings(s) be coming to class regularly? Yes _____ No _____

If yes, please list name(s) and age(s): _____

PARENTS NAMES: _____

Address: _____

Phone: _____ Email address: _____

Caregiver's Name (if applicable): _____

Any FOOD allergies: _____

Are you interested in being a Co-Leader?: _____

Class: (Day and Time) _____

Tuesday: 9 – 10am (story time at 10am is immediately after playgroup/same room)

Saturday: 9:30 – 11am

(pending optional Monday 9am playgroup if Tuesday class becomes too large)

Registration Fees

Make checks payable to **First Friends of Park Ridge**

Materials & Registration Fee: \$30.00 (per family)

Your registration payment goes towards sanitation, new toys, crafts, + seasonal focused activities.

If for whatever reason you decide that playgroup is not for you, your payment is fully refundable prior to 10/1.

*Playgroups are held inside the First Friends room located down the hall from the library entrance & outside at the Davies Playground located behind the PR firehouse pending on WEATHER! Please join the **First Friends of Park Ridge** PRIVATE Facebook group for updates on time & location for that day.

Date: August 1st, 2024

CONSENT AND RELEASE

I (We) _____ residing at _____ in Park Ridge, New Jersey, in consideration of the benefits to our Child _____

and to the other children, to be gained by participating in the First Friends Children’s Playgroup at the Park Ridge Richard Mancinelli Community Center, or at any other location, sponsored under the jurisdiction of the organizers, sponsors, officers, and managers of said program, do Hereby Release the said organizers, and managers of the First Friends Children’s Playgroup, from any and all claims or actions whatsoever based on the participation of my child in the playgroup, including but not limited to any injuries any child may sustain from any use of toys, from other children, or from the premises where the playgroup functions occur.

I (We) Further Agree that it is my responsibility to provide for the proper supervision of my child, and agree to release and hold said organizers, sponsors, and managers harmless from any and all claims or actions whatsoever thereto.

This Consent and Release shall be deemed to be continuous unless specifically revoked in writing.

(Parent/Caregiver Signature) (Dated)

HOLD HARMLESS AGREEMENT

For and in consideration of the use of the Park Ridge Richard Mancinelli Community Center building by the First Friends pre-school program, the undersigned covenants and agrees to save and hold harmless the town of Park Ridge, its agents, servants, and administrators from any and all liability arising out of said premises or property.

Parent/Caregiver Signature: _____ Name:

_____ Address:
