

June 30, 2016

*to be completed by officers	Date:	_____
	Immunizations	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Hold Harmless	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Consent	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Paid ck # _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Park Ridge First Friends Registration Form (one per child)

Child's Name: _____

Date of Birth: _____

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

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

Mother's Name: _____

Father's Name: _____

Address: _____

Phone: _____ Email address: _____

If Current Member, is this a new Email address Yes _____ No _____

Caregiver's Name (if applicable): _____

Any FOOD allergies: _____

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

Please circle appropriate age group: (1-2) (2-3) (3-4) (4-5)

Class: (Day and Time) _____

If you first choice is full, list a second choice: _____

Registration Fees

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

One time non-refundable family fee (*new families ONLY*) to cover the expense of replacing or upgrading toys:(only 1 check please).....\$10.00

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

Prior to 10/1, refundable in full: \$ _____

Attach a copy of your child's most recent immunization records and send this form with check(s), along with the release forms, to:

First Friends of Park Ridge
PO BOX 193
Park Ridge, NJ 07656