

July 23, 2019

<b>*to be completed by officers</b>	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