

2010/2011 FIRST FRIENDS REGISTRATION FORM

(Child must be 1 year before October 1, 2010)

Child's Name _____ Child's DOB _____

Parent Name _____ Cell Phone _____

Address _____

Phone _____ Email _____

Emergency Contact _____
(name & phone)

Allergies/other health issues _____

Please indicate first choice with "1" and second choice with "2" in appropriate options below.

**Sat. group will be cancelled if registration does not exceed 5 children.*

PLEASE NOTE: Parents/Guardians must remain at playgroup during the entire session

1-2 Year olds THURSDAY 9:15am-10:15am _____	2-3 Year olds MONDAY 9:15am-10:15am _____
1-2 Year olds FRIDAY 9:15am-10:15pm _____	2-3 Year olds TUESDAY 9:15am-10:15am _____
1-2 Year olds *SATURDAY 9:30am-10:30am _____	
<u>Mail Forms & Check to:</u> Carrie Quinn 840 Alison Drive River Vale, NJ 07675	

3-4 Year olds TUESDAY 1pm-2:15pm _____	4-5 Year olds MONDAY 1pm-2:15pm _____
3-4 Year olds FRIDAY 1pm-2:15pm _____	4-5 Year olds THURSDAY 11:45pm-1:00pm _____
	4-5 Year olds FRIDAY 10:30pm-11:45pm _____
<u>Mail Forms & Check to:</u> Pam Commerford 778 Tiffany Ave. River Vale, NJ 07675	

Registration Fees: Please make checks payable to "Township of River Vale"

New Toy Contribution (new families only)	\$10
Materials per child	\$50
Late Fee (After July 31st)	\$5

My signature below indicates I shall abide by any rules and regulations imposed by the Township of Rivervale or the Board of Directors of First Friends. My signature further represents my child has had all immunizations as required by the State of New Jersey. My signature below represents my consent to the use of my child's photograph in any promotional or other materials.

Please check here if you do not wish to have your child's photograph used in any publication, website or promotional material.

Parent Signature _____ Date _____

Print Name _____