

2011/2012 FIRST FRIENDS REGISTRATION FORM

(Child must be 1year before October 1, 2011)

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

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px; border: 1px solid black;"> <p style="text-align: center;"><i>1-2 Year olds</i> TUESDAY 9:15am-10:15am</p> </td> <td style="width: 50%; padding: 5px; border: 1px solid black;"> <p style="text-align: center;"><i>2-3 Year olds</i> THURSDAY 9:15am-10:15am</p> </td> </tr> <tr> <td style="width: 50%; padding: 5px; border: 1px solid black;"> <p style="text-align: center;"> </p> </td> <td style="width: 50%; padding: 5px; border: 1px solid black;"> <p style="text-align: center;"><i>2-3 Year olds</i> FRIDAY 9:15am-10:15am</p> </td> </tr> <tr> <td colspan="2" style="padding: 5px; border: 1px solid black;"> <p style="text-align: center;"><u>Mail Forms & Check to:</u> Danielle King 887 Daniel Drive River Vale, NJ 07675</p> </td> </tr> </table>	<p style="text-align: center;"><i>1-2 Year olds</i> TUESDAY 9:15am-10:15am</p>	<p style="text-align: center;"><i>2-3 Year olds</i> THURSDAY 9:15am-10:15am</p>	<p style="text-align: center;"> </p>	<p style="text-align: center;"><i>2-3 Year olds</i> FRIDAY 9:15am-10:15am</p>	<p style="text-align: center;"><u>Mail Forms & Check to:</u> Danielle King 887 Daniel Drive River Vale, NJ 07675</p>		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px; border: 1px solid black;"> <p style="text-align: center;"><i>3-4 Year olds</i> MONDAY 1:00-2:30pm</p> </td> <td style="width: 50%; padding: 5px; border: 1px solid black;"> <p style="text-align: center;"><i>4-5 Year olds</i> TUESDAY 1:00-2:30pm</p> </td> </tr> <tr> <td style="width: 50%; padding: 5px; border: 1px solid black;"> <p style="text-align: center;"> </p> </td> <td style="width: 50%; padding: 5px; border: 1px solid black;"> <p style="text-align: center;"><i>4-5 Year olds</i> FRIDAY 1:00-2:30pm</p> </td> </tr> <tr> <td colspan="2" style="padding: 5px; border: 1px solid black;"> <p style="text-align: center;"><u>Mail Forms & Check to:</u> Vanessa Cannata 110 Terbell Pkwy River Vale, NJ 07675</p> </td> </tr> </table>	<p style="text-align: center;"><i>3-4 Year olds</i> MONDAY 1:00-2:30pm</p>	<p style="text-align: center;"><i>4-5 Year olds</i> TUESDAY 1:00-2:30pm</p>	<p style="text-align: center;"> </p>	<p style="text-align: center;"><i>4-5 Year olds</i> FRIDAY 1:00-2:30pm</p>	<p style="text-align: center;"><u>Mail Forms & Check to:</u> Vanessa Cannata 110 Terbell Pkwy River Vale, NJ 07675</p>	
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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 River Vale 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 _____