



## Registration Form

(Please submit a \$50 non-refundable registration fee with the registration)

Child's Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Nickname: (if commonly used) \_\_\_\_\_

Address: \_\_\_\_\_

Siblings (include ages): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status:     Single     Married     Separated     Divorced     Widowed

Religion: \_\_\_\_\_ Church: \_\_\_\_\_

Have you had children previously enrolled in our program?    Yes     No    Year \_\_\_\_\_

**Emergency Contacts**    (Please provide 2 contacts within a 15 minute drive from First Friends CDC)

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Does your child have any physical or emotional disabilities?    Yes     No

If yes, please describe: \_\_\_\_\_

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Does your child have any allergies? \_\_\_\_\_

Do you have an action plan from a doctor for your child's allergies?       Yes       No

Please provide a description of your child's personality: \_\_\_\_\_

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Please include any additional information that would help us to effectively work with your child: \_\_\_\_\_

***Please Check the appropriate box below to indicate class choice:***

<b><i>Programs</i></b>		<b><i>Days</i></b>				
<b><i>Toddler Time</i></b>	Monday - Friday 9:00 - 12:00	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri
<b><i>Half Day</i></b>	Monday - Friday 9:00 - 1:00	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri
<b><i>School Day</i></b>	Monday - Friday 9:00 - 3:00	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri
<b><i>Full Day</i></b>	Monday - Friday 7:00 - 6:00	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri

<b><i>Extra Hours</i></b>		<b><i>Days</i></b>				
<b><i>Lunch Bunch</i></b>	Monday - Friday 12:00-1:00	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri
<b><i>Enrichment</i></b>	Monday - Friday 1:00 - 3:00	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri
<b><i>Before Care</i></b>	Monday - Friday 7:00 - 9:00	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri
<b><i>After Care</i></b>	Monday - Friday 3:00 - 6:00	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri

***Parent Signature:*** \_\_\_\_\_

***Date:*** \_\_\_\_\_