

Rutgers Presbyterian Church • children's programs • registration form

CHILD'S NAME: _____ **DOB:** / /

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____ **MOBILE PHONE:** _____

EMAIL ADDRESS: _____

WHERE DID YOU HEAR ABOUT US?

FRIEND PARENT GUIDE TIME OUT URBAN BABY NY FAMILY WORD OF MOUTH SIGN WEB SITE

ANY SPECIAL NEEDS? Y N **IF YES, EXPLAIN** _____ **ANY ALLERGIES?** Y N **IF YES, EXPLAIN** _____

NAME OF ACCOMPANYING ADULT (IF OTHER THAN PARENT): _____ **CELL #** _____

EMERGENCY CONTACT NAME: _____ **CELL NUMBER:** _____

CHILD AUTHORIZATION:

By submitting this registration form and enrolling in the classes listed below, I verify that my child has no condition that limits or prohibits participation in these programs. I also authorize the use of my child's image for promotional purposes.

PARENT / GUARDIAN SIGNATURE: _____

CODE	CLASS TITLE	DAY	TIME	WINTER/SPRING	AMOUNT

Total Amount _____

Make check payable to: **RUTGERS PRESBYTERIAN CHURCH (212)877-8227/ (212)877-2761**
 Fax number **(212) 721-9154**
 Mail payment to: **2095 Broadway, Suite 306, New York, NY 10023,**
Attn: Body & Spirit Program, Child's Play Program, or Child's Play Mandarin Program

visa /mc /amex /discover # _____ - _____ - _____ expiration date- _____ security code _____

I hereby authorize you to use this credit card information for the dollar amount indicated _____

Create-A-Class

If you want a class organized for you at a specific time, make a request! We need a minimum of five students.

For Office Use Only: Total Amount _____
 Applicable Discounts: _____

 Final Amount Due _____