

# 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	fall	w/s	full yr.	amount

**Total Amount**

Make check payable to: **RUTGERS PRESBYTERIAN CHURCH**  
 Mail payment to: **2095 Broadway, Suite 306, New York, NY 10023,**  
**Attn: Body & Spirit Program, Child's Play Program, or 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 \_\_\_\_\_