



MADISON AVENUE PRESBYTERIAN CHURCH
 921 Madison Avenue · New York, New York 10021 · (212) 288-8920 · www.mapc.com



Youth & Family Ministries 2018-2019

Instructions: Please fill out one form for each child and sign and date the bottom.
Registration for Fall due September 5, 2018.

CHILD INFORMATION

Name: _____ Age: _____ Birth date: _____
 School: _____ Grade: _____
 Home Address: _____ Home Phone: _____
 City: _____ State: _____ Zip: _____

PARENT INFORMATION

Parent 1

Parent 2

Name: _____ Name: _____
 Email: _____ Email: _____
 Work #: _____ Work #: _____
 Mobile #: _____ Mobile #: _____

OTHER CAREGIVERS

Is anyone other than the parent(s) authorized to pick up the child? (circle one) **YES** **NO**

If yes, please give name and contact information below:

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____

KIDS CLUB PLEDGES OF SUPPORT

Kids Club depends on support from participant families' contributions. We estimate the cost at about \$500 per child. This provides the weekly dinner, which is essential to maintaining our sense of community, as well as curriculum and supplies.

Any contribution to help cover these expenses would be appreciated. One-time or periodic donations can be made.

Contribution amount: _____

Checks can be made out to MAPC with "Kids Club Support" written on the memo line.

Please turn the page to provide emergency and medical information →

EMERGENCY INFORMATION

EMERGENCY CONTACTS

Please provide name and contact information for emergency contacts if parents cannot be reached:

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____

MEDICAL INFORMATION

Allergies and/or other health concerns:

List of current medications:

Physician: _____ Phone Number: _____

Medical Insurance Company: _____

Policy Number: _____ Group ID: _____ Phone Number: _____

CHRISTIAN EDUCATION REGISTRATION

Youth Hour (Sunday Mornings 10:10 am)

T(w)een Club & MAPC T(w)een Choir

MAPC Serves

PARENTAL RELEASE

I, _____, hereby grant my son/daughter, _____, a minor child, permission to participate in children and family ministries at Madison Avenue Presbyterian Church. I will not hold Madison Avenue Presbyterian Church, its staff, volunteers or Session liable for any accident or injury occurring in the program. I hereby grant permission to the adult supervisors and leaders of these programs to make medical decisions with respect to said minor child in the event of accident or injury when parental consent shall be unavailable or when circumstances shall require immediate medical decision, and to administer medication when required.

Signature of Primary Parent Contact

Date