



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



## Children & 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

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### EMERGENCY CONTACTS

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

| Name  | Relationship | Phone Number |
|-------|--------------|--------------|
| _____ | _____        | _____        |
| _____ | _____        | _____        |

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### MEDICAL INFORMATION

|   |  |
|---|--|
| Allergies and/or other health concerns:<br>_____<br>_____ | List of current medications:<br>_____<br>_____ |
|---|--|

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group ID: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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## CHRISTIAN EDUCATION REGISTRATION

Church School

Kids' Club & MAPC Children's Choir

Wee Kids

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## 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