



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



Children & Family Ministries 2015-2016

Instructions: Please fill out one form for each child and sign and date the bottom.
Early Kids' Club registration due June 26, 2015. Final Kids' Club registration deadline is September 11, 2015.

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
_____	_____	_____
_____	_____	_____

KID'S CLUB PLEDGES OF SUPPORT

The Kids' Club program, which includes a family dinner, depends on support from people willing to contribute.

Non-member families: We suggest a donation of \$500 per child per year, which reflects the cost to operate the program.

Member families: The cost of Kids' Club is underwritten in part by your pledges, but any additional contribution towards our operating expenses would be greatly appreciated.

Contribution amount: _____

Checks can be made out to MAPC with "Kids Club" 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: _____

REGISTRATION & INFORMATION

I would like to register for Kids' Club & MAPC Children's Choir

I would like to register for Wee Kids

I am interested in learning more or having my child participate in the following:

- | | |
|---|--|
| <input type="checkbox"/> Baptism | <input type="checkbox"/> Youth Worship |
| <input type="checkbox"/> Sunday Morning Nurseries | <input type="checkbox"/> Church School |
| <input type="checkbox"/> Families with Young Children | <input type="checkbox"/> Church Family Night |
| <input type="checkbox"/> Preschool Children's Worship | <input type="checkbox"/> Parents' Coffee Hour |
| <input type="checkbox"/> MAPC Day School | <input type="checkbox"/> Mothers of Young Children |
| <input type="checkbox"/> Children's Worship | <input type="checkbox"/> Mom's Night Out |

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