RUTGERS COMMUNITY PROGRAMS REGISTRATION FORM

SUMMER 2024 CHILDREN'S CLASSES / June 24, 2024-July 19, 2024

PARTICIPANT	PLEASE PRINT CLEARLY						
				DOB: _	/	/	
First name	l	Last Name			mm dd	уууу	
НОМЕ:							
Street address			Apt #	City		Zip Code	
PARENT 1 (Primary Contact):		First name Last name					
()				a)		
Preferred phone for contact		email		C			
PARENT 2:							
First name	Last name						
()	@						
Preferred phone for contact		email					
CAREGIVER:				()			
First name	First name Last name cell phone						
CLASS SELECTION	DAY	TIME	AGE	#classes	PRICE	SELECT ×	
Handprints	MON	10:45-11:30am	18mos-3yrs	4	\$200		
Handprints	TUES	10:45-11:30am	18mos-3yrs	4	\$200		
Handprints	WED	10:45-11:30am	18mos-3yrs	4	\$200		
Handprints	THUR	10:45-11:30am	18mos-3yrs	3	\$150		
Summer Splash Session 1	Mon-Fri	8:30-11:30am	3-4yrs	8	\$1,080		
Summer Splash Session 2	Mon-Fri	8:30-11:30am	3-4yrs	10	\$1,350		
				TOTAL	DUE:	\$	

PLEASE SEE NEXT PAGE for PAYMENT OPTIONS, ADDITIONAL CLASS INFORMATION and WAIVER (required)

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WINTER/SPRING 2024 CHILDREN'S CLASSES / January 29 - June 14, 2024

PARTICIPANT:	ADDITIONAL	INFORMATION
	ADDITIONAL	

Allergies:

Special Needs: _____

CLASS PAYMENT OPTIONS:

BY CHECK: Please make all checks payable to **RUTGERS PRESBYTERIAN CHURCH. Rutgers Community Programs / Rutgers Presbyterian Church 236 West 73rd St. New York, NY 10023**

BY CREDIT CARD: AMEX, VISA, DISCOVER and MASTERCARD are accepted. Please contact Director **Jennifer Moore** to expedite payment at **212-877-8227 ext. 212** or via email at **jmoore@rutgers church.org**.

ADDITIONAL CLASS INFORMATION: Holiday closings: 7/4 and 7/5

RUTGERS COMMUNITY PROGRAMS PARTICIPANT Waiver, Release and Consent

for _____

FULL NAME OF PARTICIPANT

I hereby release and discharge Rutgers Presbyterian Church and its constituent organizations and their officers, agents and employees from and all claims for personal injuries or property damage that may be suffered as a a result of participation in the activity described above.

I hereby warrant and represent that I/my child am/is physically fit and capable of taking part in such activity. I make this warranty and representation on the basis of advice given by a duly licensed medical doctor within the last six months, and I know no change since receiving that advice that would affect the opinion of said medical doctor.

I/my child agree(s) to abide by the rules and regulations governing the above-described activity and to obey all instructions given by the persons having supervision and control over the activity.

I hereby authorize that if my child requires emergency medical care and I cannot be reached, I give my consent to Rutgers Presbyterian Church to obtain the necessary medical care for my child. If my child has allergies and I have provided an Epi-Pen to Rutgers, I authorize instructors trained in the use of Epi-Pen to administer it to my child if necessary. I agree to pay all of the costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after emergency medical care is provided.

By submitting this form and enrolling in the classes listed on the reverse side of this page, I authorize the use of my image and/or my child's image for promotional purposes.

SIGNATURE

RUTGERS PRESBYTERIAN CHURCH Community Programs 236 West 73rd Street NYC 10023 212-877-8227 ext. 212 / jmoore@rutgerschurch.org www.programs.rutgerschurch.org

DATE