RUTGERS COMMUNITY PROGRAMS REGISTRATION FORM

Fall/Winter 2026 Children's Classes / Sept. 3, 2025 - Jan. 23, 2026

| PARTICIPANT | | PLEASE PRINT CLEARLY | | | | | | |
|-------------------------------|--------------|----------------------|-------------|---------------|----------|-------|--------------|--|
| | | DOB: / / | | | | | | |
| First name Last na | | | me | | 505 | | ' | |
| HOME | | | | | | | | |
| HOME: Street Address | | | Apt. # | | City Z | | ip Code | |
| Officer Addition | 33 | | | др и # | Oity | _ | ip code | |
| PARENT 1 (primary): | | | | | | | | |
| First name. | | | Last name | | | | | |
| | | | | | | | | |
| Preferred phone | Email addres | <u>@</u> | | | | | | |
| Preferred phone Email address | | | | | | | | |
| PARENT 2 (secondary): | | | | | | | | |
| First name | | | Last name | | | | | |
| () | | | @ | | | | | |
| Preferred phone | | Email addres | | | | | | |
| | | | | | | | | |
| CAREGIVER: | | | () | | | | | |
| First name Last name phone | | | | | | | | |
| CLASS SELECTION | DAY | Session | TIME | AGE | #classes | PRICE | SELECT X | |
| Handprints | MON | Fall/Winter | 3:30-4:15pm | 18mos-3yrs | 14 | \$700 | | |
| Katie's Corner | MON | Fall/Winter | 4:00-4:45pm | 3-4 yrs | 12 | \$445 | | |
| Handprints | TUES | Fall/Winter | 3:30-4:45pm | 3-4 yrs | 14 | \$700 | | |
| Little Swans Ballet | TUES | Fall/Winter | 3:00-3:45pm | 2.5-3.5yrs | 11 | \$440 | | |
| Little Swans Ballet | TUES | Fall/Winter | 4:00-4:45pm | 3.5-4.5yrs | 11 | \$440 | | |
| Handprints | WED | Fall/Winter | 3:30-4:15pm | 18mos-3 yrs | 17 | \$850 | | |
| Little Swans Ballet | WED | Fall/Winter | 3:00-4:00pm | 3.5-4.5yrs | 13 | \$520 | | |
| Little Swans Ballet | WED | Fall/Winter | 4:00-5:00pm | 6+ yrs | 13 | \$520 | | |
| Lesley's Workshop | WED | Fall/Winter | 3:15-4:15pm | K-1st grade | 10 | \$615 | | |
| Handprints | THUR | Fall/Winter | 3:30-4:15pm | 18mos-3yrs | 17 | \$850 | | |
| Little Swans Ballet | THUR | Fall/Winter | 3:30-4:15pm | 2.5-3.5yrs | 13 | \$520 | | |
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| | | | | | TOTAL | DUE: | \$ | |

PLEASE SEE NEXT PAGE FOR PAYMENT, ADDITIONAL INFO & WAIVER (required)

RUTGERS COMMUNITYPROGRAMS REGISTRATION FORM

2025-2026 FALL/WINTER classes

| PARTICIPANT: ADDITIONAL INFORMATION | | | | |
|-------------------------------------|--|--|--|--|
| 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:

Handprints: 9/3-1/22 Lesley's Workshop: 10/1-12/10

Little Swans: 9/9-12/12

Katie's Corner: MON 9/8, 9/15, 9/22, 9/29, 10/6, 10/20, 10/27, 11/3, 11/10, 11/17, 12/1, 12/8

Holiday closings: 10/13, 11/4, 11/11, 11/24-28

RUTGERS COMMUNITY PROGRAMS PARTICIPANT Waiver, Release and Consent

Trained, Hereades and Series

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 DATE



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