



Children's Ministry
For Kindergarten to 5th Grade
 Thursdays, Sept. 17 to Dec. 17, 2026
 From 4:30 to 6:00 p.m.

Central Church
 240 Main Street, Huntington, NY 11743
 (631) 421-3663 / centralpresbyterianchurch.net

REGISTRATION FORM

Name: _____ Age: _____ D.O.B. _____ Grade: _____
 Address: _____ City/State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Emergency Contact: _____ School child attends: _____
 How did you hear about Kids Central? _____

Because we are so happy to have your children back with us this term, there will be **NO FEE** required. However, donations are gratefully appreciated.

Parent/Guardian Permission

In signing this application, I hereby certify that this information is correct and my (circle one) son / daughter / other (please state nature of relationship if other: _____) has my permission to attend Kids Central at Central Church (240 Main Street, Huntington, NY 11743) on Thursday afternoons, from **Sept. 17 to Dec. 17, 2026**. In the case of medical emergency, I understand that every effort will be made to contact me (the parent/guardian/other) of the above-named child. In the event I cannot be reached, I hereby give permission to the physician selected by the advisors to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the participant named herein.

Name of family physician or clinic: _____ Phone Number: _____ Health Insurance Info: _____

Is participant in general good health and able to participate in all normal activities? ☐ yes ☐ no
 If no, please submit a statement on reverse side indicating limitation.

Please check all appropriate of the following:

Allergies (please specify nature of allergic reaction)

___ Animals _____ Food _____
 ___ Hay Fever _____ Insect Stings _____
 ___ Medications/Drugs _____ Plants/Pollen _____
 ___ Other: _____

Other Health Conditions

___ Convulsions _____ Fainting _____
 ___ Emotional Disturbances _____
 ___ Hearing Impaired _____
 ___ Hyperactivity _____ Nosebleeds _____
 ___ Special Diet _____
 ___ Wears Glasses/Contacts _____

Is there any other information that we need to know about your child? _____

Parent/Guardian Signature: _____ Date: _____

Return this form to the Central Church office by mail or in person. The office is open Tues - Fri, 9:00 a.m. to 1 p.m.
Office Use Only: Date Registration Received: _____ Payment Received: ☐ cash ☐ check # _____