

JAM Registration Form 2018-19

Child's Name

Date of Birth

Grade

School Name

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent(s) and/or Guardian(s) Name(s):

Phone # _____ Cell # _____

Address: _____

City: _____ ZIP: _____

Email Address: _____

Medical Conditions and/or Allergies: _____

Does your child carry medicine with them in case of an emergency? YES/NO

If YES, please explain: _____

Is there anything else that we should know about your child that will help us to minister to them while they are with us? _____

May we use your child's picture in our publications including, but not limited to, email, newsletters, church website, Facebook & Twitter? YES/NO