

Grace United Methodist JAM Time

Registration Form

Name of Child: _____ Grade & Age: _____

Parent's Name: _____

Address: _____ Phone #: _____

Email Address: _____

Photo Release:

I give Grace United Methodist Church permission to use my child's image in print or electronically. _____

Additional Contacts in case the parent cannot be reached.

Name	Phone #	Relationship to Child
_____	_____	_____
_____	_____	_____

Who is authorized to pick up your child? _____

List and allergies, medications, or special concerns your child has:

Doctors Name: _____ Phone # _____

Hospital's Name: _____

Would you be willing to provide & serve a meal for Jam Time? Yes or No

Would you be willing to provide a snack for Jam Time? Yes or No

Would you be able to help with Jam Time? Yes or No