

# JAM Registration Form

Spring 2012

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street and City)

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Parent Cell: \_\_\_\_\_ Parent Cell: \_\_\_\_\_  
Child Cell: \_\_\_\_\_

Email: \_\_\_\_\_

School Child Attends: \_\_\_\_\_

Primary Teachers Name: \_\_\_\_\_

Will the child need transportation? Yes No  
If yes fill out transportation permission slip

Emergency Contacts: (Include Name, Address and Phone Number)  
1 \_\_\_\_\_  
2 \_\_\_\_\_

Allergies/Medications: \_\_\_\_\_  
\_\_\_\_\_

Home Church: \_\_\_\_\_

How did you hear about JAM? \_\_\_\_\_

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## JAM STAFF USE ONLY

GROUP: \_\_\_\_\_

Pick up Location: \_\_\_\_\_

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## Transportation Permission Slip

I, \_\_\_\_\_ authorize a representative from BRUMC  
(Parents Printed Name)  
to pick up my child, \_\_\_\_\_, up each Tuesday after  
(Childs Printed Name)  
\_\_\_\_\_ is over for transportation to JAM at the Blue Ridge UMC  
(Name of Childs School)

X \_\_\_\_\_  
(Parents Signature)