



# JAM Registration 2017

Name of child \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age\_\_\_\_\_ Grade (fall 2017) \_\_\_\_\_

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School \_\_\_\_\_

Name of parent 1 \_\_\_\_\_ Cell phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-mail \_\_\_\_\_ Preference for notices \_\_\_ mail \_\_\_ e-mail

Name of parent 2 \_\_\_\_\_ Cell phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-mail \_\_\_\_\_ Preference for notices \_\_\_ mail \_\_\_ e-mail

Emergency Contact Name \_\_\_\_\_ relationship \_\_\_\_\_

Phone/Cell phone number \_\_\_\_\_

Please list any medical or educational needs/concerns, as well as any food/drug allergies

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions or concerns regarding the JAM Program, please contact Peggy 612-665-2780 (peggy507@aol.com) or the church office 507-665-2314 (lesueur.umc@q.com)