



# JAM Registration – Feb to Apr 2025

Please complete a Registration Form for each child you are registering. Thank you.

Child's Name: \_\_\_\_\_

Grade (School Year 2024-25): \_\_\_\_\_

Birthday (Month only): \_\_\_\_\_

Number of Siblings attending JAM: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Please list any dietary, medical, allergy concerns we should know about: \_\_\_\_\_

## Emergency Information

Emergency Contact (name and phone number, other than parent): \_\_\_\_\_

In case of a medical emergency, I can be reached at the following phone number \_\_\_\_\_. In the event of illness or accident, if I cannot be reached, I authorize the church, or its agents, to consent to diagnosis, examination, treatment, or hospital care (**Circle one: York Hospital or UPMC Pinnacle Memorial Hospital**) for my child which is deemed necessary by and is rendered under the supervision of a physician. I release the church and its agents from responsibility in the case of an accident or illness in connection with any authorized church activities.

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Transportation

Other than you, who is allowed to pick-up your child: \_\_\_\_\_

## Photo Permission

I hereby give my permission for Starview United Church of Christ to use photos and videotape of my child/children listed above and my own photo, in church publications, including brochures, video clips , web site and catalogs used for publicity. For reasons of privacy, no personal information, including name, may be printed with any photos or videotapes.

I understand that there will be no remuneration for the use of these pictures.

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent/Guardian Commitment

We believe it is essential for parents/guardians to play an active role in JAM, so there is an expectation of some participation as various opportunities are available and there is something for everyone. Options will be posted for your review and choices can be discussed at Registration Night.

## Registration Fees (Sep to Dec 2024)

**There is a registration fee of \$100.00 per participant.** The fee may be paid in full at time of registration or \$50.00 at time of registration and \$50.00 by February 12, 2025. If there are 2 siblings participating the fee is \$90.00 per participant or 3 siblings participating the fee is \$80.00 per participant. If you need financial assistance, scholarships are available. Please contact Pastor Laura Baker.

Completed Registration and fees as described above must be received PRIOR to your child's involvement in the program.