



# Jesus and Me at Clinton UMC

## JAM Registration Form Grades 1-5

**Please complete and return this form to the Clinton UMC church office before JAM begins.** You may also email the completed form to office@clintonumc.net.

Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

I am enrolling my child as follows:

**Choose one:** \_\_\_\_\_ Tuesday (Please note: Enrollment is currently closed for Wednesday.)

\_\_\_\_\_ 2023 Fall Session (September 12th/13th through December 5th/6th)

\_\_\_\_\_ 2024 Spring Session (January 30th/31st through April 23rd/24th)

\_\_\_\_\_ Both sessions

My child listed above has permission to attend JAM at the Clinton United Methodist Church using the following transportation:

\_\_\_\_\_ Parent/guardian drop off

\_\_\_\_\_ Church bus from Henry Elementary

\_\_\_\_\_ Church bus from Clinton Intermediate School

\_\_\_\_\_ Walk from Holy Rosary with JAM volunteer

My child has permission to be picked up by (names): \_\_\_\_\_

Does your child have any medication or food allergies? If YES, please list: \_\_\_\_\_

\_\_\_\_\_ **Yes, I give my permission** for Clinton UMC to use photographs and videos of my child participating in JAM in church newsletters and bulletins, on the church website and on the church's social media pages.

\_\_\_\_\_ **No, I do not want my child included** in photographs or videos.

I hereby give my permission for the child listed above to use the transportation method listed above and to attend JAM at Clinton United Methodist Church. I understand that my child will be under adult supervision. I further understand that in signing this registration form I release and hold harmless Clinton United Methodist Church. By signing this registration form, I release and hold harmless its trustees, officers, employees and any volunteers from any liability, past or future, fully and completely. I authorize the staff or designated medical professionals and/or volunteers to administer emergency medical assistance if I cannot be reached. I understand my child will only be released to the designated pickup person(s) I have listed above unless otherwise stated.

Parent/Legal guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_