

JAM Registration

Child's Name: _____

Child's age/grade: _____ (age) _____ (grade)

Child's birthdate: / /

What school do they attend?

Parent's Name: _____

Address:

Street: _____

City: _____

Zip Code: _____

Phone Numbers:

Home: _____

Cell: _____

Email Address: _____

Allergies (including food allergies) or health concerns: