

Registration Form- Spring, 2010

*One Form per Family

Name: _____

Date of birth: _____

Male or female: _____ Grade in school: _____

School attending: _____

Name of parents or guardian: _____

Home address: _____

Home phone: _____ Work or Cell phone: _____

E-mail address: _____

Emergency contacts and phone number: _____

Any allergies or additional helpful information about your child:

Authorization for Treatment of a Minor:

My child/youth, named above, has my permission to attend special events sponsored by the program meeting at First Presbyterian church in Greenville, NC. In the event of illness or accident, if the parents or guardian cannot be reached, I authorize the church or doctor to render medical aid when and if the occasion makes it necessary.

Parents or Guardian Signature: _____ Date: _____

Scholarship needed: _____ Yes _____ No

If you have any questions or would like to volunteer for JAM, please contact the church office at 758-1901, fpcstaff@embarqmail.com, or Sung Hee Chang at 758-1901 (Ext. 204).