Wednesday Afterschool J.A.M. Registration Form



Child's Name_____

Age/Grade_____

Parent Name(s)_____

Address_____

_____

Phone Number_____email_____

Allergies_____Medical Issues_____

Emergency Contact Name:_____

Emergency Contact Phone:_____

I would like the opportunity to help with Wednesday Afterschool J.A.M. Please indicate which age/grade is most preferred. You will be contacted to discuss your schedule.

_____3 years-Pre K

_____Kindergarten-1st

_____2nd-3rd

_____4th-5th

Transportation:

1. _____I will bring my child(ren) to the church between 3:45-4pm.
2. _____I need carpooling assistance for my child(ren).
3. _____I am willing to help carpool and bring children of working parents with me.

Contact Janine Blakeborough with questions at 756-6158 or cmc@richmondhillumc.org.