

2018-2019 St. Mark's Children's Sunday/Wednesday JAM Registration

*(**Please complete BOTH PAGES of this form**)*

Child's Name	Date of Birth	/	/
Street Address	City	State	Zip
Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Received First Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
This Fall, my child/children will attend: <i>(circle one)</i> SUNDAY 10:15am WEDNESDAY 6:30pm			
This Fall, my child will be in: <i>(circle one)</i> BEGINNER (3-yr-old) PS PreK KG 1st 2nd 3rd 4th 5th			
Medical Needs / Allergies, etc.?			
Other concerns, important info we should know?			

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(If you have more than three children, please use additional forms on Page 3 of this document)

Family Information

Mother's Name St. Mark's Member? Yes No

Father's Name St. Mark's Member? Yes No

If you are not a member, would you like to be contacted about joining St. Mark's? Yes No

Child primarily resides with *(circle one)* **MOTHER FATHER OTHER** If other, please name:

MOTHER'S Home Phone: Cell Phone: Work Phone:

Mother's E-Mail Address:

FATHER'S Home Phone: Cell Phone: Work Phone:

Father's E-Mail Address:

Volunteer Opportunities

(The success of our program depends greatly on the involvement of our Parents, Confirmation and HS Youth and other family members – Please prayerfully consider how YOU can be involved!)

Teacher/Rotation Leader: Sunday JAM @ 10:15 Wednesday JAM @ 6:30 Summer JAM
 Craft Rotation Bible Tech Rotation Food/Science Rotation Games Rotation Music
 Storytelling JAM Openings "Shepherd" (travels w/age group) Substitute Teacher

Special Programs: Vacation Bible School Christmas Program Family Events Drama

Administrative Help: Children's Ministry Team/Committee Registrations/Data Entry
 JAM Superintendent (Weekly Attendance/Offering) Supply Room Publicity/Photography
 Craft Prep

Other:

PARENTAL CONSENT & EMERGENCY CONTACT

In case of accident or injury, if the parent is not available, I give authorization for this person to give consent for treatment:

Name: Relationship: Phone #1: Phone #2:

I realize that St. Mark's will try to contact me immediately should my child become ill or injured. However, I authorize St. Mark's, in the event of any accident, injury, or illness to seek appropriate medical care including anesthesia for my child's well-being. Permission is assumed from the date below unless otherwise stated in writing.

I give permission to St. Mark's to publish photos of my child(ren) that are related to church activities in newsletters, website, social media and other public relations media. ***(Unchecked box is assumed YES)***

Parent's Signature: _____ Date: _____

JAM REGISTRATION FEE SLIDING SCALE – Please choose one:

- \$30/Child or \$75 max per family – No volunteering
- \$20/Child or \$50 max per family – Sign up to be a Parent Volunteer for at least 3 sessions per year*
- \$10/Child or \$25 max per family – Lead one or more JAM Rotations* Please contact me about a Scholarship

* Volunteer Sign-Ups are available at www.stmarks-nsp.org or on paper at the church.

Please attach a check payable to St. Mark's with **JAM 2018-2019** in the memo –

NO ONE WILL BE TURNED AWAY for inability to pay.

(IF YOU HAVE ADDITIONAL CHILDREN...)

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