



J.A.M.

**Jesus and Me
REGISTRATION**

JESUS AND ME

"Jesus and Me" is a program for kids to have fun with a purpose. Our goal is to promote children's spiritual growth through Bible study, worship arts, dinner fellowship and recreation. Our vocal choirs, bell choir and puppeteers perform regularly in Sunday worship. There are three consecutive segments which meet Wednesday evenings from 5:00pm to 7:00pm. Children may participate in one, two, or all three of the segments. The whole family is invited to join us at 5:45pm for dinner fellowship!

JAM meets on Wednesdays beginning October 2, 2019, through March 11, 2020.
JAM does not meet on 11/27, 12/25, 1/1, and 2/26.

J.A.M. Segments

Segment I - 5:00 - 5:45pm

Cherub Choir (3 - 5yrs. - not in grade K - by Sept. 1)
Grace Note Singers (K - 2nd grade choir)
Worship Arts (grades 3 - 8)

Segment II - 5:45 - 6:15pm

Dinner Fellowship: Free for children enrolled in J.A.M.,
\$3:00 for all other family members and guests.

Segment III - 6:15 - 7:00pm

Saints and Singers Choir (grades 3-6)
Church Mice Club (K-8)

Kids Choir Dates

The kids who practice at J.A.M. will perform at the FUMCAH worship service.

October 13

November 10

December 8

December 24 @ 4pm

January 12, 2020

February 9

March 8

Please pre-register your child for the sessions and activities you choose. For more information, or to change your original selections, please contact Rev. Lynn Mikels, Pastor of Faith Formation at 847-255-5112.

J.A.M. Junior Leaders

Any 7th or 8th Grader can be a J.A.M. Junior Leader: helping with activities as well as dinner set-up and clean up. Apply using the sign-up section on the next page.

REGISTRATION FORM

All participants must be pre-registered to attend. Children may be signed up for one or more segments. You only need to register once for the entire year, unless you change your original selections. Please contact Lynn Mikels at 847-255-5112.

Family Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____

Child's Name(s)	Grade	Birthday	Segment 1 Activity	Dinner	Segment 3 Activity
_____	_____	_____	_____	Y / N	_____
_____	_____	_____	_____	Y / N	_____
_____	_____	_____	_____	Y / N	_____
_____	_____	_____	_____	Y / N	_____

J.A.M. is free, including dinner, for all children participants! We encourage family and guests to attend the dinner for \$3 per person (children under the age of 2 are free).

List all persons, other than J.A.M. members, who will be attending dinner weekly:

PARENTAL SUPPORT

Parental support is greatly appreciated and a key to the success of J.A.M. We will arrange a schedule prior to the first meeting. Child care/Junior J.A.M. is provided for workers' children while they are volunteering.

I will volunteer to be a helper for (check all that apply) :

Segment I 5:00 - 5:45pm

Segment II 5:45 - 6:15pm

Segment III 6:15 - 7:00pm

Cherub Choir

Dinner set-up

Saints & Singers Choir

Grace Note Singers

Dinner clean-up

Church Mice Club

Worship Arts

- ***Please contact Lynn Mikels before the Wednesday J.A.M. session if your child will be absent.***
- ***Guests are welcome! Advance notice is appreciated.***

MEDICAL RELEASE

I, _____, parent and/or guardian, for the minor(s) listed, do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor/minors in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor _____ Relationship _____

Name of Minor _____ Relationship _____

Name of Minor _____ Relationship _____

Date or dates when release is intended: _____

Address (home): _____ City: _____

Phone (home): _____ (cell): _____

Family Physician: _____ Physician Phone: _____

Specific medical allergies, chronic illnesses or other conditions:

Other contact in case of emergency:

Name: _____ Relationship: _____

Phone (home): _____ (cell): _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed _____ Date _____