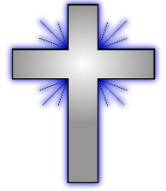




St. John's United Church of Christ  
Michigan City, IN



2024-2025 JAM "Jesus and Me" Youth Program  
Registration Form

This program is FREE for any child whose parents do not attend a church (or for those who do) and who want their child to know Jesus and Bible stories/songs.

**Program Dates: Sunday Mornings from 8:30-9:30 a.m.** (drop off starts at 8:20 a.m.)

**Location: 101 St. John Rd., Michigan City, IN** (across from the old Sears store)

**For children ages 5-10. Please use one form per child.**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent #1 Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent #2 (or other contact) Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you interested in becoming a parent volunteer for this program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you interested in visiting with other parents while your child attends the program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you willing to provide snacks or craft supplies if needed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any medical or other concerns that church staff should be aware of? If yes, please explain:

\_\_\_\_\_

Safety: Church staff will follow appropriate safety procedures and will make every effort to contact parents immediately if an injury does occur. By signing this form, we, the parents and/or guardians, will not hold St. John's United Church of Christ - Michigan City, Jennifer Keeley, or church volunteer staff, responsible for any accidents or injuries that occur while our child is at JAM. If an accident does occur, we authorize and give permission for church staff to administer first aid and/or take our child to a hospital to receive emergency medical care, if necessary, until we arrive. **The parent and/or guardian will be responsible for any and all medical costs associated to treatment of injuries.**

Behavior: Children are expected to be respectful of church staff, other students, and church property. Staff reserves the right to contact parents to pick up their child if the child is having trouble following expectations that day.

Photo/Video Release: I grant permission for digital media of my child to be used by the JAM program and/or St. John's Church of Christ for promotional purposes only.

**Please mail this completed form to: JAM Program, St. John's Church, 101 St. John Rd., Michigan City, IN 46360 or you may scan and send via email to jamstjohns@yahoo.com**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_