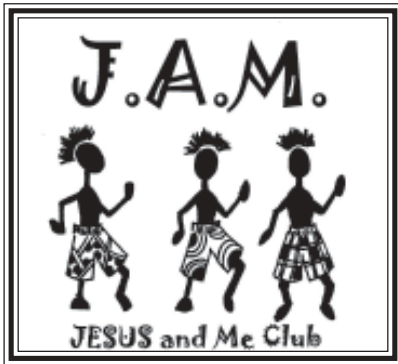


# REGISTRATION FORM



## J.A.M. Club

Session 1 - September 16 - October 14

Wednesdays - 5:00 - 7:00 P.M.

Fee: \$3.00 per child per night  
scholarships available - includes food and materials  
Checks payable to Northminster Presbyterian Church

Child/Youth Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ M/F Age \_\_\_\_\_

Anything about your child we should know: \_\_\_\_\_  
\_\_\_\_\_

Father's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ occupation/previous occupation \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ How long have you lived in the Finneytown area? \_\_\_\_\_

Mother's Name \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ occupation/previous occupation \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ How long have you lived in the Finneytown area? \_\_\_\_\_

Please list any persons approved to pick up your child. Child will not be released to others without specific permission.

Name	Address	Phone	Relationship

**For Office use only:**  
Check # \_\_\_\_\_  
Cash \$ \_\_\_\_\_  
Reg. Amount \_\_\_\_\_



**IMPORTANT NOTICE**  
This group is for children who are in Grades 1st-5th