

# JAMMIES Registration Form



Parent(s) Name(s): \_\_\_\_\_

Cell phone number(s): \_\_\_\_\_

1. Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's top 2 favorite games/activities? \_\_\_\_\_

Does your child have any known allergies? \_\_\_\_\_ To what? \_\_\_\_\_

If yes, what protocol is followed in case of exposure? \_\_\_\_\_

2. Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's top 2 favorite games/activities? \_\_\_\_\_

Does your child have any known allergies? \_\_\_\_\_ To what? \_\_\_\_\_

If yes, what protocol is followed in case of exposure? \_\_\_\_\_

3. Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's top 2 favorite games/activities? \_\_\_\_\_

Does your child have any known allergies? \_\_\_\_\_ To what? \_\_\_\_\_

If yes, what protocol is followed in case of exposure? \_\_\_\_\_

Emergency contact – Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

We are asking for a \$5 donation per child, per day, to help cover childcare costs. There will be a basket in the room where you can pay via cash or check. Please do not let finances hinder your attendance.