

Summer J.A.M. at Union Church.

At **ROAR!** children will explore God's goodness and celebrate a ferocious faith that powers them through this wild life. During our fun-filled week together we'll make friends, sing songs, play games, create crafts, and experience God's Word. We'd love to see you there!

This week-long adventure is for

- **Preschool friends age 3 to 5** who are not attending Kindergarten in fall; and *must* be toilet trained
- **Elementary friends**
Entering Kindergarten thru 6th grade in the fall

Mark your calendar for registration packet pick-up! We ask that children arrive at Summer J.A.M. Monday morning wearing their Summer J.A.M. t-shirts, which are included in their registration packets. Packets may be picked up in the greeting area at Union Church Office on the following dates:

- Sunday, June 9, 11:15a.m.-12:15p.m.
- Wednesday, June 12, 9:30a.m.-2p.m.
- Thursday, June 13, 9:30a.m.-2p.m.; or 5:30-7p.m.

Come Prepared: Bring a water bottle and wear your Summer J.A.M. shirt and sneakers every day. No flip flops!

You do not have to be a member of Union Church to attend. We love seeing new, smiling faces!



Parents, Grandparents, and friends are invited to join us Friday at closing ceremonies at 11am with luncheon to follow.

_____ YES! We will attend the closing program at 11am on Friday and stay for the luncheon.

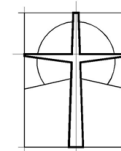
Number attending: _____
[include all children and adults]



Summer J.A.M. June 17-21, 2019

9a.m.—12p.m.

For those 3-years old thru
entering 6th grade in the fall



**UNION
CHURCH**
6165 Steubenville Pike
McKees Rocks, PA 15136-1338

REGISTRATION FORM

Child's full name: _____ Gender: _____ DOB: _____ Grade in fall ('19-'20): _____

Child's T-Shirt Size (circle) XS S M L XL Adult T-Shirt Size (circle) S M L XL

Parent/Guardian Name(s): _____ Street : _____

City: _____ State: _____ Zip: _____ Mom's Cell: _____

Dad's Cell: _____ Email address: _____

_____ YES! I want to volunteer . . . Contact me!

Home church: _____

How did you hear about Union Summer J.A.M.? _____

In case the parents cannot be reached during the day, please provide:

Emergency contact: _____

Emergency Phone #: _____ Emergency Contact relationship to child: _____

Is there any non-medical information we should know about your child, such as emotional issues or custody arrangements, that would help us to keep your child safe and to help your child have a good experience at Summer J.A.M.? _____

CONDITIONS OF REGISTRATION

I approve the application above and the conditions listed below, I have written any necessary and pertinent information concerning our family and our child.

- I understand that my child will be engaging in supervised, sports related activities that may expose him/her to the possibility of accidents and I give my permission for my child's participation in these activities except as otherwise specified in writing.
- In case of serious illness or injury I hereby give permission for medical care by physicians and/or hospital chosen by Summer J.A.M. Director. I understand that every effort will be made to contact parent/guardian in case of emergency.
- In the event of a minor illness or injury, my child will receive basic First Aid. Such minor care may include the administration of over the counter medications including TYLENOL, BENADRYL, SPRAY CREAM, ANTIBIOTIC OINTMENT, TOPICAL LOCAL ANESTHETIC SPRAY (i.e. SOLARCAINE, BACTINE). If a medication is administered, I will be notified via telephone and/or written First Aid Report.
- I consent to the use of photos or video clips of my child for use in the Summer J.A.M Highlighted DVD and in-church publicity deemed appropriate by the Coordinator of Children's Ministries including, but not limited to, Union Church website, brochures, mailings, etc.

Signature of parent/guardian: _____

HEALTH FORM

Medical Concerns: (Circle all that apply) ADD/ADHD, Asthma, Diabetes, Fainting, Headaches, Heart Problems, Seizures, Stomach Problems, other physical or psychological concerns: _____

Allergies: Please list allergies (latex, medicines, foods, environmental, etc.) _____

Medications: Please list all medicines (over the counter and prescribed) that child will be bringing to Summer J.A.M. Please include asthma inhalers and EpiPens. All medications must be listed and checked in with the Summer J.A.M. Director: _____

Health Insurance Company: _____

Policy #: _____

Policy Holder's Name: _____

Primary Care Physicians: _____

Physician's Phone #: _____

REGISTRATION FEE

[Includes: T-Shirt per child and Music CD per family]

Basic Registration: **\$15/child—\$30/family**

Late Registration (after May 17): **+\$5/child**

Lifetime of Love for Jesus . . . PRICELESS

Registration form also at www.unionpresbychurch.org

Please make checks payable to Union Church and mail or deliver with registration form to:

**Union Church of Robinson Township
6165 Steubenville Pike**

McKees Rocks, PA 15136-1338

Payment due at time of registration.

Questions? Interested in volunteering? Contact Winona Johnston at 412.498.2927 or winonaj@verizon.net