



JAM 2023 STUDENT REGISTRATION FORM

STUDENT INFORMATION

Price: \$50 per student

STUDENT NAME: _____ Male _____ Female _____

Date of Birth ___/___/___ 2022-2023 Grade Level _____ School _____ T-Shirt Size _____

Medications/Allergies _____

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Date of Birth ___/___/___ 2022-2023 Grade Level _____ School _____ T-Shirt Size _____

Medications/Allergies _____

STUDENT NAME _____ Male _____ Female _____

Date of Birth ___/___/___ 2022-2023 Grade Level _____ School _____ T-Shirt Size _____

Medications/Allergies _____

(For additional students, please print another form.)

PARENT/GUARDIAN INFORMATION

NAME: _____ Relationship: _____

PHONE: _____ Alternate PHONE: _____

Home Address _____ City/State/Zip _____

Mailing Address _____ City/State/Zip _____

E-Mail _____

Please continue to the next page.

Emergency Contact Information

Emergency Contact _____ Relationship _____ Phone _____

Emergency Contact _____ Relationship _____ Phone _____

Are your children eligible for free/reduced lunch? Yes No

By signing below, I:

A) authorize for my child to be photographed, videotaped, and or digitally recorded for all purposes toward JAM daily operations. I understand that these may be used for marketing, advertising, or promotional purposes.

B) give permission for staff at JAM to communicate with my child’s teacher and administration.

C) agree that my child may attend field trips with JAM. I will not hold JAM responsible for any seen or unforeseen accidents that may occur.

D) agree to allow JAM to obtain medical treatment for my child and will not hold them liable or financially responsible for any injuries or treatments that may be accrued.

Parent Signature: _____

Date: _____

Transportation

1. Will your child need to ride the Bus? Yes _____ No _____ PM Only _____ (If No, stop here)
2. Are your children registered with Durham Bus for the 2021-2022 School Year? Yes _____ No _____

Pick Up Address: _____ Drop- Off Address: _____

Payment must accompany this registration. We accept cash, check, or money order.

Return registration by mail to: Brenham Next PO Box 361, Brenham, TX 77834

Or

Drop off at our offices (located at Redeemer Church) at 2111 S Bluebell Rd. Brenham, TX 77833

Look for the orange boxes in the breezeway

Staff Use Only:

Amount Paid: _____ Date: _____ Staff Initials: _____

Parent Handbook Emailed _____

Student Medical Release Form

JAM 2023

Please fill this form out for **each child** that will attend JAM Academy 2023.

Child's Full Name: _____ Date of Birth: _____

Parent Name: _____ Phone Number: _____

Does your child have asthma? Yes No

***If yes, does your child carry an inhaler? Yes No**

***If yes, does your child know how to independently use it? Yes No**

Will your child carry and Epi-Pen? Yes No

***If yes, does your child know how to use it? Yes No**

JAM staff does not distribute medication of any kind to children. If your child suffers from severe allergic reactions and needs to carry an EpiPen or has asthma and uses a rescue inhaler, **please have a signed note from his/her doctor saying that the child knows how to self-administer the medication.** Brenham Next and JAM will not be responsible for administering medication.

Does your child have any food, environmental or other allergies we need to be aware of? (Please list.)

Does your child take any medications on a regular basis that we need to be aware of? Yes No
(Please list medication, dosage and reason for taking.)

Is there any additional information you would like to share with us about this child?

Insurance Information

Primary Doctor: _____ Phone Number: _____

Insurance Provider: _____ Insurance ID Number: _____

I, _____, hereby give permission to the medical personnel selected by the JAM Academy Director and Brenham Next staff to provide routine health care; to administer medications, to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the JAM Academy director to secure and administer treatment, including hospitalization, for the child named above.

Parent/Guardian Printed Name

Relationship to Child

Parent/Guardian Signature

Date