

KIDZ J.A.M. REGISTRATION  
Union Presbyterian Church  
Phone 717-529-2000  
Director: Janet Todd 717-871-0804  
Fall 2010

Please fill out and return to Union or email to [upc@epix.net](mailto:upc@epix.net).

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Child's Last Name, First Name

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2d Child's Last Name, First Name

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3d Child's Last Name, First Name

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Parent/Guardian Last Name

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Street Address \_\_\_\_\_ City \_\_\_\_\_

Phone#1 \_\_\_\_\_ Phone#2 \_\_\_\_\_

Phone#3 \_\_\_\_\_ e-mail \_\_\_\_\_

Circle phone number to contact 1<sup>st</sup> in case of emergency

Date of Birth \_\_\_\_\_ School/Grade \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Considerations: \_\_\_\_\_

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Parent (Guardian) Signature \_\_\_\_\_