



## JAM 2025 STUDENT REGISTRATION FORM

### STUDENT INFORMATION

Price: \$75 per student

STUDENT NAME: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ 2024-2025 Grade Level \_\_\_\_\_ School \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Medications/Allergies \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ 2024-2025 Grade Level \_\_\_\_\_ School \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Medications/Allergies \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ 2024-2025 Grade Level \_\_\_\_\_ School \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Medications/Allergies \_\_\_\_\_

(For additional students, please print another form.)

What language(s) does your child(ren) speak? \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

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

PHONE: \_\_\_\_\_ Alternate PHONE: \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

E-Mail \_\_\_\_\_

(Please continue to 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 Brenham ISD Transportation for the 2024-2025 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\***

# Student Medical Release Form

JAM 2025

Please fill this form out for **each child** that will attend JAM 2025.

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: \_\_\_\_\_

In case of an Emergency...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