
SPECIAL MEETING OR FUNCTION FORM

Please use this form when requesting to have a non-standard Department meeting, function or event. A non- standard meeting is any meeting or function that is not a regularly weekly scheduled meeting /function/event on or off campus requesting to use space; or requesting to have a meeting/event offsite (restaurant, clubhouse, home, etc.) Your request must be submitted to your Staff Leader in writing at least three (3) weeks prior to the proposed meeting/function/event. Do not make any arrangements until your request has been approved in writing.

Department Leader: (Print) _____ Department: _____

Where will this function be held/ venue: _____
Date & Time of proposed Meeting/Function/Event: _____

Purpose of Meeting/Function/Event: _____

How will this be paid? Each attendee will pay the restaurant bill for their own individual meal JPLCMC Number expected to attend: _____ Department

Leader Signature: _____

Day time Contact # _____

No cost; all food will be covered or provided by attendees

Expected cost of function: _____

JPLCMC Room Assignment: _____

\$ _____

Date Submitted: _____ Print Staff Leader's Name: _____

Signature: _____

Chief Executive Review:

Request approved as is _____ (Initial) Request denied _____ (Initial)

Request approved with the following modification(s) _____ (Initial)

Request returned to Staff Leader: Date _____ Received _____

Request returned to Dept. Leader: Date _____ Received _____

PARENT INFORMATION FORM CHILD'S INFORMATION Last Name _____
 _____ First Name _____ Middle Initial _____
 Male Female D.O.B. ____ / ____ / ____ Age ____ Home Address _____
 _____ City _____
 _____ State _____ Zip _____ Home Phone # _____

PARENT INFORMATION Parent/Guardian's Name _____
 Home Phone # _____ Email _____ Address _____

 Parent/Guardian's Name _____ Home Phone # _____
 _____ Email _____ Address _____

PARENT'S DESIGNEES:

Name: #1 _____ Relationship _____ Phone # _____
 Name: #2 _____ Relationship _____ Phone # _____
 Name #3 _____ Relationship _____ Phone # _____
 Name: #4 _____ Relationship _____ Phone # _____

JPLCMC will release your child ONLY to the parents and designee(s) listed above.

MEDICAL INFORMATION Physician's Name _____
 Phone # _____ Does your child have any chronic illnesses,
 allergies, mental or physical limitations? ___ Yes ___ No If yes, please explain.

NOTE: Your child's welfare is of the utmost importance. In case of an emergency,
 and if the parent's designee cannot be reached, we will act upon our own judgment.
 By signing, I state that I have read and understand the release policies of Jesus
 People Life Changing Ministries Church, Inc.