

**Union Baptist Church – Ahoskie, North Carolina
Children's AWANA Registration/Information Form**

Date Completed: _____

Child's Name _____ Birth Date _____ Grade _____

Home Phone _____ E-mail _____

Child's Home Address _____
Street/Apt.# _____ City _____ State _____ Zip Code _____

School Child Attends _____

Church that you regularly attend and/or are a member of :

Union Baptist Church Other - _____ None

Photographs are sometimes taken of children's ministry activities for publicity and promotional purposes, which include, but are not limited to, in-house presentations, church web sites, brochures and newsletters. Children's names or information are never used without specific permission. By signing this area, you are releasing Union Baptist Church to use photographs of your child as stated above.

Signature of Parent/Guardian _____ Date _____

Mother's Name _____ E-mail (Home or Work) _____

Telephone (H) _____ (W) _____ (C) _____ (Other) _____

Address _____
(If Different from child) Street/Apt.# _____ City _____ State _____ Zip Code _____

Church that you regularly attend and/or are a member of (if different than child) :

Union Baptist Church Other - _____ None

I may be interested in serving in children's ministries at Union Baptist Yes No

Father's Name _____ E-mail (Home or Work) _____

Telephone (H) _____ (W) _____ (C) _____ (Other) _____

Address _____
(If Different from child) Street/Apt.# _____ City _____ State _____ Zip Code _____

Church that you regularly attend and/or are a member of (if different than child) :

Union Baptist Church Other - _____ None

I may be interested in serving in children's ministries at Union Baptist Yes No

List other people that are authorized to pick up your child from AWANA sponsored by Union Baptist Church

Name _____ Relationship to Child _____

Address _____
Street/Apt.# _____ City _____ State _____ Zip Code _____

Name _____ Relationship to Child _____

Address _____
Street/Apt.# _____ City _____ State _____ Zip Code _____

ANNUAL UPDATES _____ | _____ | _____ | _____
(Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)

INSTRUCTIONS TO PARENT:

Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.

Child's Name: _____ Date of Birth: _____

Medical Condition(s): _____

Medications currently being taken by your child: _____

Date of your child's last tetanus shot: _____

Allergies/Reactions: _____

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/symptoms to look for: _____

(2) If signs/symptoms appear, do this: _____

(3) To prevent incidents: _____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: _____

COMMENTS: _____