



FIRST BAPTIST CHURCH OF SAN MATEO
2017 – 2018 REGISTRATION FORM

Today's date: / /

CHILD INFORMATION			
First Name:		Last Name:	
Preferred Name:		Age:	Birth Date: / /
		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Address:		City:	Zip:
School:			Grade:
Parent/Guardian Names:			
Relationship to Child:		Email Address:	
Home/Cell #:()		Other Cell #: ()	

EMERGENCY CONTACTS		
Contact #1:	Relat. to Child:	Cell #: ()
Contact #2:	Relat. to Child:	Cell #: ()

MEDICAL INFORMATION	
List any allergies, medical conditions, medications, etc. (Use back of form if needed.)	
Physician's Name:	Physician's Phone:
Insurance Provider:	Policy #
Physician's Address:	
Dentist's Name:	Dentist's Phone:
Insurance Provider:	Policy #
Dentist's Address:	

PARENT/GUARDIAN PERMISSION & CONSENT	
I hereby authorize Awana Club Leaders to call an ambulance in the case of an accident or acute illness and to arrange for necessary emergency and medical or surgical care in case I am not immediately available. It is understood that a conscientious effort will be made to notify me. I also agree to accept responsibility for the cost of any medical services. In addition, it is my understanding and agreement that neither Awana Staff or First Baptist Church of San Mateo will be held liable in the event of accident or injury. Lastly, I agree that Truth & Training, Trek, and Journey Clubbers may be taken off campus for activities or ministry opportunities. I have read the above statements and hereby give my consent for my child to participate in Awana Club.	
Parent/Guardian Signature:	Date: / /

ORDER FORM							
Cubbies (pre-K)		Sparks (K-2 nd)		T&T (3 rd -5 th)		Trek/Journey (6 th -12 th)	
<input type="checkbox"/> Registration	\$25	<input type="checkbox"/> Registration	\$25	<input type="checkbox"/> Registration	\$25	<input type="checkbox"/> Registration	\$25
<input type="checkbox"/> Book	\$15	<input type="checkbox"/> Book	\$15	<input type="checkbox"/> Book	\$15	<input type="checkbox"/> Book	\$15
<input type="checkbox"/> Vest	\$20	<input type="checkbox"/> Vest	\$20	<input type="checkbox"/> T-Shirt	\$20	<input type="checkbox"/> T-Shirt	\$20
Total \$		Total \$		Total \$		Total: \$	

OFFICE USE ONLY			
Paid \$ _____	<input type="checkbox"/> Cash	Check # _____	Date Rec'd ____/____/____