

AWANA REGISTRATION FORM

****Please print clearly****

Clubber Name _____ Birth Date _____ Grade _____

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****Your child's current grade reflects the club you wish to place your child (within age parameters).
CUBBIES - PreK SPARKS - K to 2nd T&T - 3rd to 6th TREK - 7th to 8th VARSITY- 9th to 12th**

Parent's Name(s) _____

Address: _____

Home Phone: _____ Emergency Cell Number: _____

E-mail: _____

Church you are presently attending: _____

If your child(ren) attended Awana previously, please list the book they most recently completed:

(child's name, book) _____

Emergency Information:

Please list any allergies, medications, or special instructions: _____
_____.

Additional Emergency Contact (friend/family): _____ Phone: _____

Family Doctor: _____ Facility: _____ Phone: _____

Insurance type & policy number: _____

I give my permission for my child to be treated at the nearest medical facility in event of an emergency.
I understand that I will be notified before treatment is administered, if possible.

Parent's Signature: _____ **Date:** _____

Is there an area that you as a parent can serve this year?
() a leader () a volunteer verse listener () helper at sign-in tables () Store helper () event chaperone
****Registration Fee of \$20.00 per family with 2 or more children; \$10.00 per family with one child**