

# The Chapel Palatine AWANA Registration Form – 2018-2019

Child's Name (Please provide a separate form for each child) \_\_\_\_\_

New to AWANA at The Chapel  Returning to AWANA at The Chapel

Gender  Boy  Girl Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name of Parent(s) or Guardian \_\_\_\_\_

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

Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_ Church Currently Attending \_\_\_\_\_

Emergency Contact Name & Number \_\_\_\_\_

Allergies/Medical Concerns \_\_\_\_\_

**WAIVER:** I hereby release The Chapel and its employees (volunteer and/or paid) from all liabilities that may occur while participating in this program. I give permission for my child to attend the AWANA program, and certify that he/she is in good health, free from communicable illnesses and is able to participate. If I cannot be contacted, and there is a medical and/or surgical emergency, I give permission to the physician/hospital selected by The Chapel leadership to hospitalize and/or secure proper treatment for my child as named above. I understand that if my child becomes ill or injured, my own health insurance coverage (including deductible) applies.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Can you help?

- YES, I'd like to be a leader in AWANA this year. Please contact me.  
 I'm not able to be at AWANA every Monday, but please call me if extra help is needed.

## Please select the appropriate items for your child:

### CUBBIES (Ages 3-5)

- \_\_\_\_ Registration fee (\$40)  
\_\_\_\_ Handbook (\$11)  
\_\_\_\_ Vest (\$12), size (circle one): S M L XL

### T&T (Ages 3<sup>RD</sup>-5<sup>TH</sup>)

- \_\_\_\_ Registration fee (\$40)  
\_\_\_\_ Handbook (\$11)  
\_\_\_\_ T-shirt (\$17), (circle one): Child M L AS AM

### SPARKS (Ages K-2nd)

- \_\_\_\_ Registration fee (\$40)  
\_\_\_\_ Handbook (\$11)  
\_\_\_\_ Vest (\$12), size (circle one): M L XL

\*\*Payment plans are available\*\*

Total amount due by check: \_\_\_\_\_

Please make checks payable to *The Chapel*.

Do not staple or tape check to form.

### FOR OFFICE USE

Paid: Yes No

Check # \_\_\_\_\_

Other: \_\_\_\_\_

Please contact Michelle Heberling at [mheberling@chapel.org](mailto:mheberling@chapel.org) with any questions.