

# Calvary Baptist Church Awana Registration Form

Date: \_\_\_\_\_

Cubbies

Sparks

T & T

Child's Name \_\_\_\_\_

Male

Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_

Age \_\_\_\_\_

Current Grade \_\_\_\_\_

As of Aug 23<sup>rd</sup>

Parent's Names \_\_\_\_\_

Dad's Phone # \_\_\_\_\_

Mom's Phone # \_\_\_\_\_

Parent E-mail Address \_\_\_\_\_

Church You Attend \_\_\_\_\_

Special concerns or instructions \_\_\_\_\_

Brought by \_\_\_\_\_ Parent Signature \_\_\_\_\_

Class parent attending @ CBC in fall \_\_\_\_\_ spring \_\_\_\_\_

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