

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 22nd

Parent's Names _____

Dad's Phone # _____

Mom's Phone # _____

Parent E-mail Address _____

Church You Attend _____

Special concerns or instructions _____

Child lives with: _____ Parent Signature _____

Class parent attending @ CBC in fall _____ spring _____

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