

**FIRST BAPTIST CHURCH OF MARTIN
AWANA REGISTRATION FORM
2018 – 2019**

(PLEASE PRINT)

Child's **LAST** Name: _____

Child's **FIRST** Name: _____

Child's Address: _____

City: _____ State: _____ Zip: _____

Child's Date of Birth: _____ Child's Age: _____ Child's Grade: _____

Father's or Guardian's Name: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Mother's or Guardian's Name: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Does your family attend church anywhere? Yes: _____ No: _____

If **YES**, then where? _____

EMERGENCY INFORMATION

Emergency Contact Information:

Contact #1:

Name: _____

Phone Number: _____

Relationship to Child: _____

Contact #2:

Name: _____

Phone Number: _____

Relationship to Child: _____

Contact #3:

Name: _____

Phone Number: _____

Relationship to Child: _____

Contact #4:

Name: _____

Phone Number: _____

Relationship to Child: _____

PLEASE CONTINUE ON THE BACK

MEDICAL INFORMATION

Is your child allergic to anything? Yes _____ No _____

If **YES**, then please explain: _____

Is your child taking any medications? Yes _____ No _____

If **YES**, then please explain: _____

Any other medical conditions we need to know about? Yes _____ No _____

If **YES**, then please explain: _____

Doctor and Insurance Information (Optional):

Doctor's Name: _____ Phone Number: _____

Insurance Company: _____

Group/Policy Number: _____ ID Number: _____

Insured Name: _____ Relationship to Child: _____

DROP OFF AND PICK-UP INFORMATION:

Who is allowed to pick-up your child from AWANA?

Is there **ANYONE NOT ALLOWED** to pick-up your child from AWANA?

Yes _____ No _____

If **YES**, then please list names and relationship to your child here:

PERMISSION

My child has permission to attend AWANA at First Baptist Church of Martin (FBC) and to participate in the activities of AWANA on the campus of FBC. In case of emergency, I give my permission for first aid and/or medical attention to be administered. I will not hold FBC, staff, and/or workers responsible for any injury or accident that may occur to my child.

Parent or Guardian's Signature

Date