



AWANA 2017/2018 Registration

Child's Name _____ Age _____

Grade _____ Date of Birth _____

Child's Name _____ Age _____

Grade _____ Date of Birth _____

Child's Name _____ Age _____

Grade _____ Date of Birth _____

Child's Name _____ Age _____

Grade _____ Date of Birth _____

Parent/Guardian's Name _____

Address _____

Cell Phone (_____) _____ Email address _____

Church Home _____

EMERGENCY CONTACT

Name _____ Relationship to Child(ren) _____

Phone _____

Special Needs/Food Allergies/Concerns

My child has permission to be photographed as part of AWANA

Parent/guardian signature _____ Date _____