

RockCreek Kids / AWANA Children's Ministries

AWANA COST: \$40/CHILD

Date Registered:

AGE GROUP: _____
TEACHER: _____
Copies: PDS Entry _____

*Child's Name _____ *Home Phone: _____

*Parents/Guardians Name: _____

Address (we mail cards to kids): _____

City: _____ State: _____ Zip Code: _____

E-mail 1: _____ E-mail 2: _____

Dad's Cell #: _____ Mom's Cell #: _____

Birthdate - (we like sending cards!) _____ School attending _____ Grade: _____

*Allergies/ Medical Limitations, etc.: _____

*Medical Insurance/Group # Info.: _____

*Emergency Person to contact: _____

Relationship to child: _____ *Phone: _____

Do you have a home church? N Y - _____

If MFMC, what service does your family normally attend (Circle) 1st 2nd

For my child's protection, he/she should **never be released to the following person:**

(For enforcement - the proper restraining order papers must be obtained)

Relationship to child: _____

(call 911 - **IMMEDIATELY** if this person should request the release of this child. **DO NOT RELEASE THE CHILD**)

*Parents/Guardians Signature: _____

Date: _____