



# Elim Registration Form 2018-19



## Family Information

Family Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent/Guardian name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Is Elim your Home Church: Yes No (circle) If no, where: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

\* Our primary communication will be through **EMAIL**, so it is important that you give us that information and please check your emails weekly.

## Club Members

**1. Name:** \_\_\_\_\_

Cubbies (ages 3-5) \_\_\_\_\_ Sparks (grades K-2) \_\_\_\_\_ T&T (grades 3-6) \_\_\_\_\_

\_\_\_ Girl \_\_\_ Boy Age: \_\_\_\_\_ Grade (Sept. 2018): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

AWANA Shirt/Vest Size (see attached chart): \_\_\_\_\_ ÷

Allergies or health concerns:

**2. Name:** \_\_\_\_\_

Cubbies (ages 3-5) \_\_\_\_\_ Sparks (grades K-2) \_\_\_\_\_ T&T (grades 3-6) \_\_\_\_\_

\_\_\_ Girl \_\_\_ Boy Age: \_\_\_\_\_ Grade (Sept. 2018): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

AWANA Shirt/Vest Size (see attached chart): \_\_\_\_\_ ÷

Allergies or health concerns:

**3. Name:** \_\_\_\_\_

Cubbies (ages 3-5) \_\_\_\_\_ Sparks (grades K-2) \_\_\_\_\_ T&T (grades 3-6) \_\_\_\_\_

\_\_\_ Girl \_\_\_ Boy Age: \_\_\_\_\_ Grade (Sept. 2018): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

AWANA Shirt/Vest Size (see attached chart): \_\_\_\_\_ ÷

Allergies or health concerns:

4. Name: \_\_\_\_\_

Cubbies (ages 3-5) \_\_\_\_\_ Sparks (grades K-2) \_\_\_\_\_ T&T (grades 3-6) \_\_\_\_\_

\_\_\_ Girl \_\_\_ Boy Age: \_\_\_\_\_ Grade (Sept. 2018): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

AWANA Shirt/Vest Size (see attached chart): \_\_\_\_\_

Allergies or health concerns:

### PERMISSION TO TAKE PHOTOS/VIDEO OF CHILD

Yes \_\_\_ No \_\_\_

I (we) give permission that my child (ren) be permitted to participate in the Awana and Cubbie program at Elim Church. I authorize one of Elim Church's ministry staff or leadership to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant.

I (we) undertake and agree to indemnify and hold blameless Ministry Staff, Elim Church, its Pastors and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Elim Church, as well as any medical treatment authorized by the supervising individuals representing the church.

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

Print name: \_\_\_\_\_

Fee paid: \_\_\_\_\_ Initial \_\_\_\_\_

**REGISTRATION FORM AND PAYMENT DEADLINE IS JUNE 17<sup>th</sup>, 2018.**

**\$45.00 Registration fee per child for CUBBIES.**

**\$50.00 Registration fee per child for AWANA.**

Contact Pastor Rob at [rob@elimchurch.ca](mailto:rob@elimchurch.ca) for further info on Awana.

Contact Pastor Angela at [angela@elimchurch.ca](mailto:angela@elimchurch.ca) for further info on Cubbies.

**PLEASE NOTE: There are no refunds.**

**PARENT/GRANDPARENT/GUARDIAN:** We are here to partner with you to encourage your child(ren) to grow in the bible here at Awana and Cubbies. Participation from adults signing up their child(ren) is expected and valued. This is the only way that Awana and Cubbies will work on Monday nights. Please look at the volunteer job descriptions and choose one that will work best for you to serve on Monday nights.

**PLEASE FILL OUT VOLUNTEER FORM AND HAND BACK IN WITH REGISTRATION.**



Dear Parent/grandparent/guardian:

**Awana** and **Cubbies** functions entirely by volunteers.

Please **circle one** of the following areas that you will be interested in volunteering:

**Cubbies:** Are children ages 3-5. Your role as Cubbies volunteer will be assisting the kids by listening to their bible verses, crafts, snacks, and gym time.

**Small Group Leader:** This position is a weekly commitment. You will be responsible for a group of 6-8 children. Your main role is to get to know and pray for the children. You will also encourage the children to work on their bible verses and in their handbooks.

**Listener:** This position is on a rotation basis. Your role will be to listen one-on-one to children recite the verses they have learned the previous week.

**Gym Leader:** This will be a weekly commitment. Your responsibility would be to organize and lead games in the gym. (Resources are available to come up with ideas.)

**Assistant Gym Leader:** This individual will assist the Gym Leader.

I understand my participation is expected and valued at Awana and Cubbies 2018-19 season on Monday nights from 6:20 until 7:45 p.m. I will give at least TWO days notice if I am not able to come in for my volunteer shift.

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

Print name: \_\_\_\_\_

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Awana Sizing Chart

Cubbies Uniform Vest:

Shirt Size	Chest Size
Youth small 4	25"
Youth medium 5	27"
Youth Large 6	29"
Youth X-Large 8	31"
Youth XX-Large 10	34"

Sparks Uniform Vest (K – Gr 2):

<u>Shirt Size</u>	<u>Chest Size</u>
Youth small 6	29 "
Youth medium 8	31"
Youth large 10	34"
Youth X-large 12	37"
Youth XX-large 14	38"
Youth XXX-large 16	43"

T & T Ultimate Adventure Uniform (Gr 3 & 4):

<u>Shirt size:</u>	<u>Chest Size</u>
Youth small	30"
Youth medium	34"
Youth large	36"
Adult small	38"
Adult medium	41"
Adult large	46"
Adult XX-large	52"
Adult XXX-large	54"

T & T Ultimate Challenge Uniform (Gr 5 & 6):

<u>Shirt size:</u>	<u>Chest size:</u>
Youth medium	36"
Youth large	40"
Adult small	42"
Adult medium	45"
Adult large	48"
Adult X-large	51"
Adult XX-large	52"
Adult XXX-large	54"