



Elim Registration Form 2019-20



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. 2019): _____ 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. 2019): _____ 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. 2019): _____ 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. 2019): _____ 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 16th, 2019.

\$50.00 Registration fee per child for CUBBIES.

\$60.00 Registration fee per child for AWANA.

Contact Emily at emily@elimchurch.ca for further info on Awana.

Contact Pastor Angela at 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 Groups (2 people per grade group): This position is a weekly commitment. There will be 6-8 children per group. 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. You will listen to each child 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 for all ages. (Resources are available to come up with ideas.)

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

For our next season we need a minimum of 50 committed volunteers.

I understand my participation is expected and valued at Awana and Cubbies 2019-20 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: _____

Awana Sizing Chart

Cubbies Uniform Vest:

<u>Shirt Size</u>	<u>Chest Size</u>
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"