



AWANA Registration Form 2020-21

Wednesdays, 6:30-8:00 p.m.

Child(ren) name(s): _____

Parent/Guardian Name(s): _____

Address: _____ City: _____ Zip: _____

Phone: _____ E-Mail: _____

Cell Phone: _____

Emergency Contact: _____ Phone: _____

Person bringing child(ren) to club: _____

Relationship: _____

Child Information	Child One	Child Two	Child Three	Child Four	Child Five
Name					
Gender	M / F	M / F	M / F	M / F	M / F
Birthdate	/ /	/ /	/ /	/ /	/ /
Grade in school this fall (circle one)	Pre-K 1 Pre-K 2 K 1 2 3 4 5	Pre-K 1 Pre-K 2 K 1 2 3 4 5	Pre-K 1 Pre-K 2 K 1 2 3 4 5	Pre-K 1 Pre-K 2 K 1 2 3 4 5	Pre-K 1 Pre-K 2 K 1 2 3 4 5
Medical/Allergies (include food allergies)					
Cubbies must be 3 on or before August 1, 2020					



For more information please contact us at:

475 E Progress Parkway

Shelbyville, IN 46176 — (317) 398-2575

www.crossroad-community.com

PLEASE Complete Photo Release on other side...



Child/Children's names: _____

PHOTO VIDEO RELEASE FOR MINOR

I, as parent / guardian with legal responsibility for child (ren) listed on this form, hereby grant Crossroad Community Church the perpetual right to use photographs or video taken of my child/ dependent for any legitimate purpose without compensation to my child / dependent, myself, or my child/dependent's heirs, executors, or assigns. Legitimate purpose may include, but are not limited to, advertising on the web, in newspapers, magazines, internal publications, displayed prints, worship service special events, curriculum, etc.

Parent / guardian signature

date

By signing below, you as parent/ guardian indicate that you have read the information on clubber rules and expectations. As parent/ guardian you will do your part to ensure your clubber understands and follows the rules and expectations. As a parent/ guardian, you also have the responsibility to help your child at home with their handbooks.

Parent / guardian signature

date