



Father's Name _____

Mother's Name _____

Child's Name _____

Address _____

Address _____

City _____

State _____

Zip _____

Phone _____

Email Address _____

Grade attending for 2016-2017 _____

Known Allergies _____

Date Of Birth _____

If Pre-K, Age on September 1st _____

Gender: Male Female

Home Church _____

Parents,

Please return this to your child's AWANA leader as soon as possible. It helps us to have an emergency contact on file with your child.

Thanks!

Daniel Walker, Commander
daniel.walker@hemptownbaptist.org
706-455-3678