

AWANA REGISTRATION

- 1 CHILD--\$30.00
- 2 CHILDREN--\$50.00
- 3 + CHILDREN--\$75.00

Office use only	DATE PD: _____	AMT. PD: _____
	METHOD OF PYMT:	
	CASH _____	CHK # _____

2020—2021

(Last Name) _____ (Father's first name) _____ (Mother's first Name) _____

Residential & Mailing Address: _____

City _____ State _____ ZIP _____

Main Phone #: _____ Alt. Cell #: _____

E-mail: _____ Text #: _____

How may we send AWANA information: Text ____, Email ____, Both _____

(Reminders of what is happening from week to week is sent out through emails. Cancellations are sent by emails and texts)

Home Church: _____

Child's Name: _____ Shirt Size: YM, YL, AS, AM, AL

Age: _____ Grade: _____ Gender: M F B-day (mm/dd/yy): _____

Club Attending : (K-2nd) Sparks _____ ; (3rd-5th) T&T _____ Any Allergies: __ No; __ Yes

If yes please list: _____

Child's Name: _____ Shirt Size: YM, YL, AS, AM, AL

Age: _____ Grade: _____ Gender: M F B-day (mm/dd/yy): _____

Club Attending : (K-2nd) Sparks _____ ; (3rd-5th) T&T _____ Any Allergies: __ No; __ Yes

If yes please list: _____

Child's Name: _____ Shirt Size: YM, YL, AS, AM, AL

Age: _____ Grade: _____ Gender: M F B-day (mm/dd/yy): _____

Club Attending : (K-2nd) Sparks _____ ; (3rd-5th) T&T _____ Any Allergies: __ No; __ Yes

If yes please list: _____

Emergency Contact Person (must be able to be reached during time of clubs)

_____ Relationship: _____

Contact Person Phone # _____

I give permission for pictures of my child to be used for ministry purposes within the church and other public arenas like brochures and newspapers.

Parent or Guardian's signature _____ Date _____