

2023-2024 REGISTRATION FORM

Today's date:	/	/			→ Make	checks pay	able to	First Ba	otist Church	
CHILD INFORMATION										
First Name:					Last Name:					
Preferred Name:				Ag	ge:	Birth Date:			nder: ∕I □ F	
Address:					City:	Zip:				
School:							Gra	ade:		
Parent/Guardian	Names:						1			
Relationship to Child:						Email Address:				
Home/Cell #:()					Other Cell #: (#: ()				
EMERGENCY CONTACTS										
Contact #1:		Relationship			to Child:			Cell #: ()		
Contact #2:		Relationship			to Child:	Cell #: ()				
MEDICAL INFORMATION										
List any allergies, medical conditions, medications, etc. (Use back of form if needed.)										
Physician's Nam	P	Physician's Phone:								
Insurance Provider:					Policy #					
Physician's Address:										
Dentist's Name:						Dentist's Phone:				
Insurance Provid	Policy #									
Dentist's Address:										
PARENT/GUARDIAN PERMISSION & CONSENT										
I hereby authorize AWANA Club Leaders to call an ambulance in the case of an accident or acute illness and to arrange for necessary emergency and medical or surgical care in case I am not immediately available. It is understood that a conscientious effort will be made to notify me. I also agree to accept responsibility for the cost of any medical services. In addition, it is my understanding and agreement that neither AWANA Staff or First Baptist Church of San Mateo will be held liable in the event of accident or injury. Lastly, I agree that Truth & Training, Trek, and Journey Clubbers may be taken off campus for activities or ministry opportunities. I have read the above statements and hereby give my consent for my child to participate in AWANA Club. Parent/Guardian Signature: Date:										
ORDER FORM – MAKE CHECKS PAYABLE TO "FIRST BAPTIST CHURCH"										
Cubbies (pre-K) Sparks (K-2 nd)					T&T (3 rd -6 th)		Trek/Journey (7 th -12 th)			
☐ Registration	\$35	☐ Registration	\$35		Registration	\$35		gistration	\$35	
☐ Book	\$15	☐ Book	\$15		Book	\$15	☐ Boo	ok	\$15	
☐ Vest	\$20	□ Vest	\$20		T-Shirt	\$20	☐ T-S	Shirt	\$20	
Total	\$	Total	\$		Total	\$		Total:	\$	
OFFICE USE ONLY										
Paid \$ □ Cash Check # Date Rec'd//										