

## **AWANA Registration Form**

Child's Full Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_

Child's Birthday: \_\_\_\_\_

Child's School Grade: \_\_\_\_\_

Parent's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Emergency POC Name(s) and Phone Number(s):

\_\_\_\_\_

Name of Individuals -Not parents That are Authorized to

Sign-in/Sign-out Child: \_\_\_\_\_

\_\_\_\_\_

Special Needs/Allergies: \_\_\_\_\_