



2020-2021 REGISTRATION FORM

Taft Avenue Community Church
 1350 East Taft Avenue
 Orange, CA 92865
 714.637.3220
 www.TaftAvenue.org

PARENTS' NAMES _____

ADDRESS _____

CITY _____ ZIP _____

PHONE NUMBER _____ CELL _____

EMAIL ADDRESS _____

CHURCH NOW ATTENDING/CITY _____

TRANSFERRING FROM ANOTHER CLUB? WHAT CHURCH/CITY? _____

CHILD'S NAME (FIRST & LAST)	BIRTHDATE	AGE	GRADE	SEX	GROUP (SEE BELOW)

GROUPS		
CUBBIES	Boys & Girls	Ages 3, 4 & 5yr (pre-K)
SPARKS	Boys & Girls	K through Grade 2
T & T	Boys & Girls	Grades 3 through 6

REGISTRATION FEE PER IMMEDIATE (SIBLINGS) FAMILY

Fee does NOT include uniform, except for the Cubbies.

The fee DOES include: dues, books, awards, prizes and store.

If this is a financial burden, please speak with the AWANA Secretary or Commander.

NUMBER OF CHILDREN	FEE	EXT. FEE
1 ST CHILD	\$ 35	\$ 35
2 ND CHILD	\$ 30	\$ 65
3 RD CHILD	\$ 25	\$ 90
4 TH CHILD	\$ 25	\$115
EACH ADDITIONAL CHILD	\$ 15	\$130

# OF CHILDREN	OFFICE USE		PAYMENTS
	CASH	DATE PAID	DATE PAID
AMOUNT OWED			DATE PAID
AMOUNT PAID	CHECK #	REC'D BY	DATE PAID
BALANCE DUE			DATE PAID
BALANCE PAID			

PLEASE COMPLETE EMERGENCY RELEASE ON THE REVERSE SIDE

Permission Slip –Child #1

Child’s name: _____ Date: _____

I give permission for my above-named child to attend the AWANA Clubs and AWANA Activities for the 2020-21 club-year at Taft Avenue Community Church with the understanding and agreement that neither the church nor any individual be held responsible in the event of accident, injury or disobedience. I further give permission for my child to be treated by a licensed physician designated by the group, in case of emergency only.

I give Taft Avenue Community Church permission to use photo and video taken of my child for use in promotional materials.

Parent’s Signature _____ Phone _____ Cell _____

Alternate Name _____ Phone _____ Cell _____

This child may also be picked up by _____ Phone _____

This child MAY NOT be picked up by _____

Please list any medical or physical limitations. Include allergies to medication(s) and/or food(s). _____

Permission Slip –Child #2

Child’s name: _____ Date: _____

I give permission for my above-named child to attend the AWANA Clubs and AWANA Activities for the 2020-21 club-year at Taft Avenue Community Church with the understanding and agreement that neither the church nor any individual be held responsible in the event of accident, injury or disobedience. I further give permission for my child to be treated by a licensed physician designated by the group, in case of emergency only.

I give Taft Avenue Community Church permission to use photo and video taken of my child for use in promotional materials.

Parent’s Signature _____ Phone _____ Cell _____

Alternate Name _____ Phone _____ Cell _____

This child may also be picked up by _____ Phone _____

This child MAY NOT be picked up by _____

Please list any medical or physical limitations. Include allergies to medication(s) and/or food(s). _____

Permission Slip –Child #3

Child’s name: _____ Date: _____

I give permission for my above-named child to attend the AWANA Clubs and AWANA Activities for the 2020-21 club-year at Taft Avenue Community Church with the understanding and agreement that neither the church nor any individual be held responsible in the event of accident, injury or disobedience. I further give permission for my child to be treated by a licensed physician designated by the group, in case of emergency only.

I give Taft Avenue Community Church permission to use photo and video taken of my child for use in promotional materials.

Parent’s Signature _____ Phone _____ Cell _____

Alternate Name _____ Phone _____ Cell _____

This child may also be picked up by _____ Phone _____

This child MAY NOT be picked up by _____

Please list any medical or physical limitations. Include allergies to medication(s) and/or food(s). _____

Permission Slip –Child #4

Child’s name: _____ Date: _____

I give permission for my above-named child to attend the AWANA Clubs and AWANA Activities for the 2020-21 club-year at Taft Avenue Community Church with the understanding and agreement that neither the church nor any individual be held responsible in the event of accident, injury or disobedience. I further give permission for my child to be treated by a licensed physician designated by the group, in case of emergency only.

I give Taft Avenue Community Church permission to use photo and video taken of my child for use in promotional materials.

Parent’s Signature _____ Phone _____ Cell _____

Alternate Name _____ Phone _____ Cell _____

This child may also be picked up by _____ Phone _____

This child MAY NOT be picked up by _____

Please list any medical or physical limitations. Include allergies to medication(s) and/or food(s). _____