

# AWANA REGISTRATION FORM

**\*\*Please print clearly\*\***

Clubber Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

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**\*\*Your child's current grade reflects the club you wish to place your child (within age parameters).  
CUBBIES - PreK SPARKS - K to 2nd T&T - 3rd to 6th TREK - 7th to 8th JOURNEY- 9th to 12th**

Parent's Name(s) \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Emergency Cell Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Additional Emergency Contact (friend/family): \_\_\_\_\_ Phone: \_\_\_\_\_

Church you are presently attending: \_\_\_\_\_

If your child(ren) attended Awana previously, please list the book they most recently completed:

(child's name, book) \_\_\_\_\_

## **Emergency Information:**

Please list any allergies, medications, or special instructions: \_\_\_\_\_

\_\_\_\_\_.

Family Doctor: \_\_\_\_\_ Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co & policy number: \_\_\_\_\_

I give my permission for my child to be treated at the nearest medical facility in event of an emergency. I understand that I will be notified before treatment is administered, if possible.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Is there an area that you as a parent can serve this year?

( ) a leader ( ) a volunteer verse listener ( ) helper at sign-in tables ( ) Store helper ( ) event chaperon

**\*\*Registration Fee of \$20.00 per family with 2 or more children; \$10.00 per family with one child**