

Carpool # \_\_\_\_\_

Who will be picking up your child from Awana? \_\_\_\_\_

For the safety and protection of your child, a written note must be sent in order for us to release your child to someone other than the person listed.

### AWANA REGISTRATION

Last Name of Child(ren) \_\_\_\_\_

First Names of Child(ren)

- 1. \_\_\_\_\_ M/F DOB \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Allergies \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_
- 2. \_\_\_\_\_ M/F DOB \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Allergies \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_
- 3. \_\_\_\_\_ M/F DOB \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Allergies \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_
- 4. \_\_\_\_\_ M/F DOB \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Allergies \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s) Names \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City, ST, Zip \_\_\_\_\_

Special Requests/Care: \_\_\_\_\_

Emergency Contact & Phone# \_\_\_\_\_

*In the event of an emergency, I understand that every effort will be made to contact me. If I cannot be reached, I authorize Grace Fellowship Church to obtain medical treatment for my child(ren).*

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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### FOR OFFICE USE ONLY

AWANA Items purchased:

Worker's T-Shirt \$14	Child's Name	Club Rank	Pkg A DBU \$30	Pkg B DB \$20	Dues \$12	Hand Book \$8	Uniform \$10	Music CD \$10	Music Tape \$4	Bag \$6

Total Amount \_\_\_\_\_

Paid in Full \_\_\_\_\_

Check # \_\_\_\_\_ Amount \_\_\_\_\_ Date Paid \_\_\_\_\_

Check # \_\_\_\_\_ Amount \_\_\_\_\_ Date Paid \_\_\_\_\_

Check # \_\_\_\_\_ Amount \_\_\_\_\_ Date Paid \_\_\_\_\_

Check # \_\_\_\_\_ Amount \_\_\_\_\_ Date Paid \_\_\_\_\_