

# AWANA Registration 2018-2019

Received \_\_\_\_\_

<b>CHILD</b>	<p><b>First Name</b> _____ <b>Last Name</b> _____ <b>Birth Date</b> _____</p> <p><input type="checkbox"/> <b>puggles</b> for boys and girls aged 2-3 years</p> <p><input type="checkbox"/> <b>cubbies</b> for boys and girls, age 3 [by oct 1st] to pre-k and potty-trained</p> <p><input type="checkbox"/> <b>sparks</b> (kindergarten) for boys and girls</p> <p><input type="checkbox"/> <b>sparks</b> (1st grade) for boys and girls                      <input type="checkbox"/> <b>sparks</b> (2nd grade) for boys and girls</p> <p><input type="checkbox"/> <b>t&amp;t chums</b> (3rd grade) for girls                                      <input type="checkbox"/> <b>t&amp;t chums</b> (4th grade) for girls</p> <p><input type="checkbox"/> <b>t&amp;t pals</b> (3rd grade) for boys    <input type="checkbox"/> <b>t&amp;t pals</b> (4th grade) for boys</p> <p><input type="checkbox"/> <b>t&amp;t guards</b> (5th grade) for girls                                      <input type="checkbox"/> <b>t&amp;t guards</b> (6th grade) for girls</p> <p><input type="checkbox"/> <b>t&amp;t pioneers</b> (5th grade) for boys                                      <input type="checkbox"/> <b>t&amp;t pioneers</b> (6th grade) for boys</p> <p>Address _____ City _____ Zip _____</p> <p>Church that you regularly attend: <input type="checkbox"/> L.I.F.E. Fellowship    <input type="checkbox"/> Other _____ <input type="checkbox"/> None</p> <p>Child will be brought to AWANA by: <input type="checkbox"/> Parents/Legal Guardian <input type="checkbox"/> Neighbor/ Friend _____</p>									
<b>MOTHER</b>	<p>Name _____ E-mail _____</p> <p>Address _____</p> <p>____ (If Different from child)                                      City _____ Zip Code _____</p>									
<b>FATHER</b>	<p>Name _____ E-mail _____</p> <p>Address _____</p> <p>____ (If Different from child)                                      City _____ Zip Code _____</p>									
<b>EMERGENCY MEDICAL INFO AND PERMISSION</b>	<p>My child's leader will call my child weekly to encourage them at this number _____</p> <p>In case of an emergency or my child becoming sick at AWANA, please contact the following people in order until someone is reached: (i.e. Jane-mom-#, Tom-dad-#, Susan-friend,#)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Name _____</td> <td style="width: 30%;">Relationship _____</td> <td style="width: 30%;">Phone _____</td> </tr> <tr> <td>Name _____</td> <td>Relationship _____</td> <td>Phone _____</td> </tr> <tr> <td>Name _____</td> <td>Relationship _____</td> <td>Phone _____</td> </tr> </table> <p><b>Complete the following items, as appropriate in the event your child would require medical attention</b></p> <p>Medical Condition(s): _____</p> <p><b>Allergies/Reactions:</b> _____</p> <p>COMMENTS: _____</p> <p><b>Child's Physician's Name</b> _____ <b>Phone</b> _____</p> <p>I understand that in EMERGENCIES requiring immediate medical attention, my child will be taken to the NEAREST MEDICAL EMERGENCY FACILITY and receive treatment. I give my permission for my child to be treated at the nearest medical emergency facility should the need arise. I understand that I will be notified before treatment is administered, if possible.</p> <p><b>Signature of Parent/Guardian</b> _____ <b>Date</b> _____</p>	Name _____	Relationship _____	Phone _____	Name _____	Relationship _____	Phone _____	Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____								
Name _____	Relationship _____	Phone _____								
Name _____	Relationship _____	Phone _____								