

AWANA REGISTRATION FORM

Both sides of the AWANA registration form must be completed, signed and returned by the second visit to AWANA. Dues are 75 cents a week (or \$20 yearly if paid at registration). Please make checks payable to **Grace Church**. You can write 1 check for all clubbers!

Make additions and corrections where needed and turn into your child's club secretary at registration.

FAMILY INFORMATION:

Parent(s)/Guardian(s) Name: (First and Last) _____

Address _____

Home Phone: _____ Cell Phone: _____

Church: _____ Email: _____
 (email will be used for notification purposes only)

EMERGENCY CONTACTS (please specify at least 1)

1) Contact Name _____ Phone _____
 Cell Home Other

2) Contact Name _____ Phone _____
 Cell Home Other

3) Contact Name _____ Phone _____
 Cell Home Other

Medical Information

Family Physician: _____ Phone: _____

CLUBBER INFORMATION

Please list all clubbers in your household, their birthdays, grades and allergies or special needs that would assist in a medical emergency:

| <u>Name</u> | <u>Birthdate</u> | <u>Grade</u> | <u>Allergies</u> |
|-------------|------------------|--------------|------------------|
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| | | | |

Please complete and sign the back of this form!

FOR OFFICE USE ONLY: BK PD DT _____ UNIFORM SZ _____ UNIFORM PD DT _____

DUES PD DT _____

Permission form

As Parent and/or Guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor of the above minor(s) in the event of a medical emergency which, in the opinion of the attending physician may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence for the AWANA Club year from September 1st, 2010 through August 31st, 2011.

I agree that a photocopy or reproduction of this permission form will serve as my authorization as described above.

Signed _____

(Circle one: Father Mother Guardian)

Date: _____

FOR CUBBIES ONLY

Please list the names of the adults who are authorized to pick your child up from AWANA:

PRICE LIST

CUBBIES (Ages 3 & 4)

| | |
|----------------------|----------------|
| Dues (75 cents/week) | \$20.00 |
| Bear Hug Brochure | FREE |
| Cubbie Vest | \$10.00 |
| Celebration Book | \$7.50 |
| TOTAL: | \$37.50 |

ALL 3rd-6th Grade Boys and Girls

| | |
|-----------------------------|----------------|
| Dues (75 cents/week) | \$20.00 |
| Start zone Entrance Booklet | FREE |
| T&T Handbook | \$7.50 |
| T&T Uniform | \$14.00 |
| TOTAL: | \$41.50 |

SPARKS (Kindergarten – 2nd grade)

| | |
|---------------------------|----------------|
| Dues (75 cents/week) | \$20.00 |
| Flight 3:16 Entrance Book | FREE |
| Sparks Vest | \$12.00 |
| Handbooks: | \$9.00 |
| TOTAL: | \$41.00 |