

Awana Registration Form

2015-2016

<u>Child's Name</u>	<u>Nickname</u>	<u>Birth Date</u>	<u>Grade</u>	<u>Age</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parents' Names: _____

Address: _____

City: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Person: _____

Emergency Phone: _____

Church you attend: _____

Food Allergies/Medical Conditions/Special Needs: _____

(Please specify, include Child's Name)

Are you a first time visitor? _____

If Yes, Who invited you? _____

Dues: Please check one (\$25.00 per child or a max of \$65.00 per family)

Paid in Full (Check or Cash) _____ \$1.00 Per Week

Your child is welcome to start in the AWANA program at any time.
 Our AWANA program is on Wednesday nights from September 9th through April 20th
 Cubbies - 3 & 4 yrs. (2 yrs. prior to Kind. And potty trained)
 Sparks - Kindergarten - 2nd Grade
 T & T - 3rd - 5th Grade