



REGISTRATION FORM

2013-2014

Grace Church ~ 952-224-3106

Father's Name _____ Mother's Name _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

E-Mail _____ Home Church _____

Where can parents be found during Awana? _____ Cell Phone _____

If parents cannot be reached, in emergency notify _____ Phone _____

Family Doctor _____ Phone _____

Others who are authorized to drop off/pick up your children _____

**Choose option for
September - April program:**

- 4:30 p.m. *
- 6:45 p.m.
- * up to 4th grade

Texting Notification:



Name _____
Cell: _____
Provider: _____

CHILD #1	First Name _____ Last Name _____ Boy / Girl _____	Registrar use: _____ Room _____
	Birthday ____ / ____ / ____ Age _____ Grade _____	<input type="checkbox"/> Infants <input type="checkbox"/> Sparks, Gr K <input type="checkbox"/> Toddlers <input type="checkbox"/> Sparks, Gr 1 <input type="checkbox"/> 2 year-olds <input type="checkbox"/> Sparks, Gr 2 <input type="checkbox"/> Cubbies <input type="checkbox"/> T & T 3/4 Grade <input type="checkbox"/> 5th & 6th Grade
	Date of Last tetanus shot _____ Allergies _____ Medications _____ Special Needs : <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain _____	
CHILD #2	First Name _____ Last Name _____ Boy / Girl _____	Registrar use: _____ Room _____
	Birthday ____ / ____ / ____ Age _____ Grade _____	<input type="checkbox"/> Infants <input type="checkbox"/> Sparks, Gr K <input type="checkbox"/> Toddlers <input type="checkbox"/> Sparks, Gr 1 <input type="checkbox"/> 2 year-olds <input type="checkbox"/> Sparks, Gr 2 <input type="checkbox"/> Cubbies <input type="checkbox"/> T & T 3/4 Grade <input type="checkbox"/> 5th & 6 Grade
	Date of Last tetanus shot _____ Allergies _____ Medications _____ Special Needs : <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain _____	
CHILD #3	First Name _____ Last Name _____ Boy / Girl _____	Registrar use: _____ Room _____
	Birthday ____ / ____ / ____ Age _____ Grade _____	<input type="checkbox"/> Infants <input type="checkbox"/> Sparks, Gr K <input type="checkbox"/> Toddlers <input type="checkbox"/> Sparks, Gr 1 <input type="checkbox"/> 2 year-olds <input type="checkbox"/> Sparks, Gr 2 <input type="checkbox"/> Cubbies <input type="checkbox"/> T & T 3.4 Grade <input type="checkbox"/> 5th & 6th Grade
	Date of Last tetanus shot _____ Allergies _____ Medications _____ Special Needs : <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain _____	

MEDICAL and PHOTO RELEASE

In the event of an emergency in which my child is in need of immediate hospitalization, medical attention or surgery, and after reasonable efforts have been made to contact me or my spouse and we cannot be located for the purpose of consenting thereto, consent for the emergency attention may be given to any person standing in loco parentis to my child. I understand that my own medical insurance will be the primary coverage and that Grace Church insurance will cover any excess within its established limits. For severe allergies and medical conditions, I will fill out an "Allergy/Medical Response plan" (available at the Children's Welcome Desk). I also give permission for Grace Church to use photos/videos of my child in promotions. No, I do not wish to have photos of my child(ren) used in promotions (no check in the box will imply permission)

Parent or guardian signature: _____ Date ____ / ____ / ____

OVER

Register for the new year!

- To avoid long lines, register and purchase books/uniforms on Wednesday night, September 11th, 6:00 - 8:00 p.m. This is also a good night to have your photo and self check-in set up for Fellowship One, our computerized check-in system which is required for anyone who participates in Awana/Nursery. This evening is set aside only for registration, purchases, photos and self check-in setup; please don't drop off your kids.
- The Awana program is FREE, there is no weekly fee to attend Awana.
- Return your registration form (on the reverse side) to the Table in the commons by door #4. Supplies will also be sold on the following Sunday, September 15th.
- **First club night is Wednesday, September 18, from 4:30-6:00 p.m. or 6:45-8:15 p.m. A parent, guardian or sibling aged 16 or older is required to be present during check-in and pick-up for children ages 4th grade and younger.**

**Cubbies
Sparks
T & T**

To make it easy for you to get all the information you need, we are hosting short parent meetings on registration night, September 11th, which are mandatory for parents to attend. The meetings will run every 30 minutes throughout the night beginning at 6:00 p.m., and will include information about the required Parent Listener program, Family Nights, and a message from Pastor Josh..

Please bring your calendar with you when you register your kids. You will have an opportunity to sign up for the required Parent Listener program. As always at this time of year, we are also looking for leaders and mentors for regular club nights; please consider this opportunity to make a huge impact in the lives of our kids!

Call me about serving in Awana or 56th Street as a..



Awana Director

Room Lead

Worship Director

Guest Services

Game Director

Music Leader

Tech Team

Craft Person



Small Group Leader

Music Leader

Tech Team

Outreach/Events

A complete listing and detail for each position can be found on our webpage at <http://www.atgrace.com/awana-serving-opportunities-fall-2013>