



2013-14 Registration Form

Fellowship Baptist Church

Rev. 8/13/13

Visitor _____

PLEASE NEATLY PRINT ALL INFORMATION

Today's date _____

Child's Name _____

____ Male ____ Female Age ____ School Grade ____ Date of Birth _____

Street Address _____

City/State/ZIP Code _____

Legal Parents/Guardians _____

Home Phone _____ Parent(s) Cell Phone _____

Child's Home Church _____ Your Home Church _____

Adult bringing child to Awana (if not parent/guardian) _____

Location during Awana _____ Phone _____

There are costs associated with Awana participation:

Registration Fee (circle one): \$10 per child \$30 limit per family

Uniforms and Books

	<u>Vest/Shirt</u>	<u>Book</u>
Cubbies (3 years-Pre K)	\$10.00	\$ 10.00
Sparks (K—2nd grade)	\$10.00	\$10.00
T&T (3rd—4th grade)	\$13.00	\$ 9.00
T&T (5th—6th grade)	\$14.00	\$ 9.00

TOTAL DUE	
Registration fee	_____
Vest/Shirt/Book	_____
TOTAL	_____

There is financial assistance available. You must speak with Mark Christian, Awana Commander, for assistance. Do you request financial help? _____

Has your child been in Awana before? ____ Yes ____ No

If Yes, book completed: _____

Child's shirt size: _____

FORM CONTINUED ON BACK ➡

FOR AWANA STAFF ONLY

- _____ Sparks Boys
- _____ Cubbies
- _____ Sparks K
- _____ Sparks Girls 1
- _____ Sparks Girls 2
- _____ Sparks Boys
- _____ T&T Girls 3-4
- _____ T&T Girls 5-6
- _____ T&T Boys

_____ Visitor
Date _____

	Amount Paid	Date Paid	Check/Cash	Initials
Registration				
Book				
Vest/Shirt				

Amount of financial help approved _____

Commander Signature _____

HEALTH INFORMATION AND MEDICAL RELEASE FORM

This information is required by church administration for your protection.

Child's Name _____

Please list medical information we need to know _____

Any activity restrictions? _____ If yes, please specify: _____

In case of emergency, during Awana, notify _____

Phone # during Awana _____

I give my permission to the medical care provider designated by the group leader to secure medical aid as required for illness or injury, including transportation to and from medical facilities if necessary. I understand I will be billed for any professional services rendered. I hereby release Fellowship Baptist Church, and its employees, members, and volunteers from all claims and causes of action by reason of an injury that may be sustained as a result of Awana activities at Fellowship Baptist Church.

The above information is true, and I give my consent **as legal parent or legal guardian** on behalf of my child.

Signature _____ Date _____

Print Name _____

List of Authorized People

In addition to the parents/guardians listed on the front, please list adults you authorize to drop off and pickup your child.

Name	Relationship to child	Phone # during Awana

Photo Release

May we have permission to photograph your child? ___ Yes ___ No

May we have permission to use your child's photograph for the purpose of promoting Awana? ___ Yes ___ No

If yes, may we use your child's first name? ___ Yes ___ No