

## KHBC AWANA 2012-2013 Registration FORM



**Puggles:** (2 and 3 year olds)

**Cubbies:** (4 and 5 year olds)

**Sparks:** (Kindergarten, 1<sup>st</sup>, 2<sup>nd</sup> grade)

**T & T:** (3<sup>rd</sup> - 6<sup>th</sup> grade)

**Mother:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Father:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Or Guardian:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_, VA Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Mother cell# \_\_\_\_\_ Father cell # \_\_\_\_\_ **Text** Y/N

**List each person who may be picking child up when AWANA is over:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Do you attend a local church? \_\_\_\_\_ Yes \_\_\_\_\_ No Name: \_\_\_\_\_

**Primary Email Address** \_\_\_\_\_

**Child #1:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

Club Child will be entering for 2012/2013 year: Grade: \_\_\_\_\_

\_\_\_\_\_ Puggles \_\_\_\_\_ Cubbies \_\_\_\_\_ Sparks \_\_\_\_\_ T & T

Please list any **allergies or special concerns** \_\_\_\_\_

\_\_\_\_\_

**Child #2:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

Club Child will be entering for 2012/2013 year: Grade: \_\_\_\_\_

\_\_\_\_\_ Puggles \_\_\_\_\_ Cubbies \_\_\_\_\_ Sparks \_\_\_\_\_ T & T

Please list any **allergies or special concerns** \_\_\_\_\_

\_\_\_\_\_

**Child #3:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Club Child will be entering for 2012/2013 year: Grade: \_\_\_\_\_  
\_\_\_\_\_ Puggles \_\_\_\_\_ Cubbies \_\_\_\_\_ Sparks \_\_\_\_\_ T & T  
Please list any **allergies or special concerns** \_\_\_\_\_  
\_\_\_\_\_

**Child #4:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Club Child will be entering for 2012/2013 year: Grade: \_\_\_\_\_  
\_\_\_\_\_ Puggles \_\_\_\_\_ Cubbies \_\_\_\_\_ Sparks \_\_\_\_\_ T & T  
Please list any **allergies or special concerns** \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL CONSENT RELEASE:**

Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Someone other than guardians if guardians can't be reached:**

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

**In the event of an emergency where medical treatment is required, I give my permission to KHBC Church Staff and KHBC AWANA staff to obtain the services of a paramedic (i.e. ambulance). I understand that the church staff and leaders will try and notify me immediately of any such emergency. This covers dates 9/19/12 to 06/20/13 I release KHBC and KHBC staff and AWANA staff of any liability for an accident incurred during the 2012/2013 activities.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**PHOTOGRAPHY RELEASE:** Pictures of my child(ren) listed above may be taken and displayed on the church web site , newsletter, or PowerPoint presentation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date