

AWANA REGISTRATION

2011-2012

Parent(s) Name(s): _____ Home Phone #: _____

Address: _____ Cell # (mom): _____

City: _____ Zip: _____ Cell # (dad): _____

Invited to Awana by: _____ Email: _____

Church (if any): _____

Emergency contact: _____ Phone #: _____

Who will transport your child(ren)? _____

Individuals authorized to pick up your child(ren): _____

AWANA Clubbers

Name: _____ Birthday: _____ Age: _____

Cubbies (preschool) ____ Sparks (grade K-2) ____ TNT (grade 3-4) ____

Medical conditions or allergies that we need to know: _____

Name: _____ Birthday: _____ Age: _____

Cubbies (preschool) ____ Sparks (grade K-2) ____ TNT (grade 3-4) ____

Medical conditions or allergies that we need to know: _____

Name: _____ Birthday: _____ Age: _____

Cubbies (preschool) ____ Sparks (grade K-2) ____ TNT (grade 3-4) ____

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Cubbies (preschool) ____ Sparks (grade K-2) ____ TNT (grade 3-4) ____

Medical conditions or allergies that we need to know: _____
