



## AWANA 2016/2017 Registration

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Church Home \_\_\_\_\_

### EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship to Child(ren) \_\_\_\_\_

Phone \_\_\_\_\_

**Special Needs/Food Allergies/Concerns**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child has permission to be photographed as part of AWANA

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_