



AWANA REGISTRATION

Parent Information

PARENT'S NAME: _____
 HOME PHONE: _____ CELL PHONE: _____
 STREET ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 EMAIL: _____
 Would you like to receive weekly updates on BFCN AWANA club activities? YES NO
 YOUR HOME CHURCH: _____
 BROUGHT BY: _____
 WHO HAS PERMISSION TO PICK UP CHILD(REN): _____

Child Information

NAME: _____ AGE: _____ GRADE: _____
 BIRTHDAY: _____ ALLERGIES: _____
 SPECIAL NEEDS: _____

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Registration & Dues	1 KID	2 KIDS	3 KIDS	4 KIDS	5 KIDS
September - May	\$30	\$55	\$80	\$105	\$130
After Jan. 1	\$16	\$30	\$44	\$58	\$72

Please make checks payable to Bible Fellowship Church

INTERNAL USE ONLY:

AMOUNT PAID: _____ CHECK #: _____ CASH: _____ DATE: _____