AWANA REGISTRATION FORM

DATE: _____

PARENT INFORMATION

Parent Name(s) _____

Home Address _____

_____

EMAIL _____ CELL PHONE _____

YOUR HOME CHURCH _____

BROUGHT BY _____

WHO HAS PERMISSION TO PICK UP CHILD/CHILDREN _____

CHILD INFORMATION

Name _____ AGE _____ CURRENT GRADE _____

BIRTHDAY _____ ALLERGIES _____

SPECIAL NEEDS _____

****

Name _____ AGE _____ CURRENT GRADE _____

BIRTHDAY _____ ALLERGIES _____

SPECIAL NEEDS _____

****

Name _____ AGE _____ CURRENT GRADE _____

BIRTHDAY _____ ALLERGIES _____

SPECIAL NEEDS _____

****

Name _____ AGE _____ CURRENT GRADE _____

BIRTHDAY _____ ALLERGIES _____

SPECIAL NEEDS _____

****

FOR OFFICE USE ONLY:

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

OTHER ARRANGEMENTS: _____