

AWANA Registration Form

Date Completed: _____

Child's Name _____ Birth Date ___/___/___ Gender M/F _____

Home Phone _____ Parent/ Guardian email _____

Child's Physical Address _____

City State Zip

Mailing / PO Box _____

School Child Attends _____

Church that you regularly attend: ___ Living Water ___ Other _____ ___ None

Photographs are sometimes taken of children's ministry activities for publicity and promotional purposes, which include, but are not limited to, in-house presentations, church web site, brochures and newsletters. Children's names or information are never used without specific permission. By signing this area, you are releasing us to use photographs of your child as stated above.

Signature of Parent/Guardian _____ Date _____

Mother's Name _____

Telephone: Home _____ Work _____ Cell _____

Address _____

City State zip

Church that you regularly attend(if different than child):

___ Living Water ___ Other _____ ___ None

I may be interested in serving in AWANA at Living Water ___ yes ___ no

Father's Name _____

Telephone Home _____ Work _____ Cell _____

Address _____

City State zip

Church that you regularly attend (if different than child):

___ Living Water ___ Other _____ ___ None

I may be interested in serving in AWANA at Living Water ___ yes ___ no

Important Notes to Parents:

For safety and security reasons, we STRONGLY recommend you come inside the church after AWANA when picking up your child. We will not let them leave the building without being accompanied by a parent or an authorized adult. Thank you, AWANA Staff.

AWANA Emergency Information Form

Date Completed: _____

Child's Name: _____ Date of Birth _____

When parents cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name _____

Telephone: Home _____ Work _____ Cell _____

Address _____
Street/Apt.# City State Zip Code

Relation to child: _____

2. Name _____

Telephone: Home _____ Work _____ Cell _____

Address _____
Street/Apt.# City State Zip Code

Relation to child: _____

3. Name _____

Telephone: Home _____ Work _____ Cell _____

Address _____
Street/Apt.# City State Zip Code

Relation to child: _____

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person from Living Water of La Pine to have your child transported to that hospital and receive treatment.

Signature of Parent/ Guardian _____ Date _____

Awana Clubs™ Contact Information and Permission Authorization

(Recommend information and written permission is updated annually. Copy information from this card to the Companion Card as needed for visitation and home contact activities.)

Clubber name: _____ Parent/Guardian name: _____

Address: _____ Phone number: _____

City: _____ State: _____ Zip: _____

Clubber birthday: _____ Clubber age/grade: _____

Hobbies/Activities: _____

Siblings (names/ages): _____

Church: _____ Medical conditions: _____

Brought by (transportation): _____ Invited by: Axmakers

Individuals authorized to pick up child from club: _____

Hi! My name is _____ and I am your child's handbook leader for this club year. Occasionally, I would like to contact your child to see how they are enjoying club and if they need any help in completing their handbooks. I would also like to send written correspondence such as Get Well cards and a Birthday card. I am asking your permission as the legal parent/guardian to contact your child through regular mail and telephone to discuss club activities. Any contact shall be done according to church policies.

Leader's signature and date _____ Parent/Guardian signature and date _____