



Vintage Park Community Church

Awana Clubs

Registration

For Office Use Only	
Reg date	____/____/20____
Form of Pmt	_____
Amt Pd	_____ <input checked="" type="checkbox"/>

1 Child's Name _____ Boy Girl Age ____ Birthday ____ / ____ / 20 ____

Cubbies 3's* 4's Trans'l K **Sparks** Kinder 1st 2nd **Truth & Training** 3rd 4th 5th 6th

Allergies/health issues/restrictions _____ Do **not** release health restrictions to Awana leaders
 *To participate in Cubbies, child must be age 3 by September 1, 2014.

2 Child's Name _____ Boy Girl Age ____ Birthday ____ / ____ / 20 ____

Cubbies 3's* 4's Trans'l K **Sparks** Kinder 1st 2nd **Truth & Training** 3rd 4th 5th 6th

Allergies/health issues/restrictions _____ Do **not** release health restrictions to Awana leaders
 *To participate in Cubbies, child must be age 3 by September 1, 2014.

3 Child's Name _____ Boy Girl Age ____ Birthday ____ / ____ / 20 ____

Cubbies 3's* 4's Trans'l K **Sparks** Kinder 1st 2nd **Truth & Training** 3rd 4th 5th 6th

Allergies/health issues/restrictions _____ Do **not** release health restrictions to Awana leaders
 *To participate in Cubbies, child must be age 3 by September 1, 2014.

4 Child's Name _____ Boy Girl Age ____ Birthday ____ / ____ / 20 ____

Cubbies 3's* 4's Trans'l K **Sparks** Kinder 1st 2nd **Truth & Training** 3rd 4th 5th 6th

Allergies/health issues/restrictions _____ Do **not** release health restrictions to Awana leaders
 *To participate in Cubbies, child must be age 3 by September 1, 2014.

Annual Registration Fees: 1 child=\$40		Total # of children	
Donation to VPCC Awana? \$ _____		Total reg fees	\$ _____
Make checks payable to vpcc			

Please complete a separate form for additional children. Please complete a Youth Ministries form for Trek or Journey students.

Dad's Name _____ Dad's Cell _____ Dad's E-mail _____
 Mom's Name _____ Mom's Cell _____ Mom's E-mail _____
 Home Phone _____ Address _____ City _____ Zip _____

Receive Texts No Yes Home Church: VPCC Other _____ None

If your children have attended Awana elsewhere, please provide the church's name/city so we may retrieve their records: _____

Drop-Off/Pick-Up:

I understand that my child(ren) must be personally escorted to and from his/her leader each week.

Other than parents, who has permission to drop-off/pick-up your child(ren)? _____

Emergency Information and Medical Release: In the event that my child is injured while under the care of the FBCEG Awana Club and requires medical attention, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary.

Emergency Contact: Name _____ Phone _____ Relationship _____
(If none of the phone numbers listed above can be reached)

Insurance Provider _____ Policy # _____

Doctor's Name _____ Phone _____ Preferred Hospital _____

Liability Release: I understand that participation in Awana carries certain physical risks and do hereby release Vintage Park Community Church, Awana Clubs International, and their representatives from any liability due to accident or injury incurred by my child. I also authorize Vintage Park Community Church and Awana to publish photos on their websites and brochures for promotional purposes. By signing below, I agree to the terms above and confirm that all the information on this form is true and correct.

Parent/Guardian Signature _____ Date _____

Please notify us if any information changes
