



Shiloh Baptist Church/2024-2025 Registration

Guardian Name & Number: _____ Guardian email address: _____

Guardian Name & Number: _____ Guardian email address: _____

Registration Date: _____ Home Church: _____

Street Address: _____ City: _____ Zip: _____

Clubber: _____ Club: _____ Birthday: _____ Age: _____ Grade: _____

Clubber: _____ Club: _____ Birthday: _____ Age: _____ Grade: _____

Clubber: _____ Club: _____ Birthday: _____ Age: _____ Grade: _____

Clubber: _____ Club: _____ Birthday: _____ Age: _____ Grade: _____

Cubbies (3 & 4 year olds, or two years before kindergarten) Price: Quantity: Total:

Cubbies Registration Fee	\$25 new/20 returning		
OPTIONAL: Cubbies Vest	S(4) M (5) L(6) XL(8)		

Sparks (K-2nd grade) Price: Quantity: Total:

Sparks Registration Fee	\$25 new/20 returning		
OPTIONAL: Sparks Vest Fee	S(4) M (5) L(6) XL(8)		

T&T (3rd-6th grade) Price: Quantity: Total:

T&T Registration Fee	\$25 new/20 return		
OPTIONAL: T&T Shirt Fee	S(4) M (5) L(6) XL(8)		

Trek (7th -8th grade). Price: Quantity: Total:

Trek Registration Fee			
OPTIONAL: Trek Shirt	S(4) M (5) L(6) XL(8)		

Journey (9th -12th grade) Price: Quantity: Total:

Journey Registration Fee			
OPTIONAL: Journey Shirt	S(4) M (5) L(6) XL(8)		

Grand Total:

Please continue to Back Side to Complete Registration Information (Medical, Consent, etc.)

Payments for AWANA are due prior to start of program **10-18-2024**

I'd like to pay \$ _____ per month for _____ months

Cash__ Check__ Online__

Payment Received on: _____

Any Questions Contact:
Minister Redeemer at rmalando@gmail.com
Sis Janise Ricks at janisebbr@gmail.com

Transportation

Transportation/Pick-up Authorization

Bus _____ **Drop off** _____ (please let us know if your child(ren) will be one way or round trip)

Address for Bus pickup _____

(Bus will leave from Shiloh at 5:45pm heading to Bethlehem Baptist)

Please list below anyone authorized to pick up your child from Awana. If you have further concerns about child pickup, please explain below.

1. _____
2. _____
3. _____
4. _____

Photo Release

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 websites, brochures and newsletters. Children's names or information are never used without specific permission. By signing this area, you are releasing Shiloh Baptist Church to use photographs of your child as stated above.

Signature of Parent/Guardian _____

Date _____

Hello Parents,

As part of our ongoing commitment to ensuring the health and safety of all children in our care at Awana, we kindly ask for your assistance in identifying any allergies or dietary restrictions your child may have. This information is crucial for us to provide a safe environment, especially during snack times, meals, or special events where food may be served. Please take a moment to complete the section below and the attached form and return to us by 10-18-2024 1st day of Awana. If your child has any severe allergies, such as to peanuts, dairy, gluten, or any other substances, we request that you provide us with detailed information, including any necessary medical protocols (such as the need for an new prescribe unused EpiPen). Please fill out attached form and questions or concerns contact me at (302) 480-3470 or janisebbr@gmail.com

Emergency Medical Release

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM St. Joseph Hospital, Tacoma, WA. Your signature authorizes that the responsible person from Awana/Shiloh will have your child transported to that hospital and receive treatment needed.

Signature of Parent/Guardian _____

Date _____