

AWANA REGISTRATION FORM

CLUBBER'S NAME: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

PHONE NUMBER: _____

CITY: _____

STATE: _____ ZIP: _____

CLUBBER BIRTHDAY: _____

CLUBBER AGE: _____ GRADE: _____

HOBBIES / ACTIVITIES: _____

SIBLINGS: _____

DOES YOUR FAMILY ATTEND CHURCH?

IF SO, WHERE?

YES ___ NO ___

WHO WILL BE BRINGING THIS CHILD TO AWANA?

HOW DID YOU HEAR ABOUT OUR AWANA PROGRAM?

WHO IS AUTHORIZED TO PICK UP YOUR CHILD?

ARE YOU INTERESTED IN KNOWING MORE ABOUT

CROSSWELL BAPTIST? YES ___ NO ___

THANK YOU FOR ALLOWING US TO WORK WITH YOUR CHILD(REN). WE WOULD LIKE TO HAVE YOUR PERMISSION TO CONTACT YOUR CHILD ABOUT CLUB ACTIVITIES AND GENERAL "HOW ARE YOU DOING" INFORMATION. WE WILL SEND THIS INFO VIA MAIL AND/OR PHONE CALLS.

PLEASE SIGN BELOW IF THIS IS OKAY WITH YOU.

PARENT'S SIGNATURE: _____ DATE: _____