

Parent's Names: _____ Today's Date: _____

Address: _____ City: _____ Zip: _____

Mom's Phone: (_____) _____ Dad's Phone: (_____) _____

Email Address: _____

(We utilize Email to communicate important club information like cancellations, upcoming events, etc.)

Where will YOU be while your child is at AWANA? *(Check all that apply)*

- Working in Awana
- Working in Jr. High Youth Group
- Working in Nursery
- Working in Sr. High Youth Group
- Bible Institute Class
- Prayer Meeting
- Other: _____

If we are unable to contact you, who should we contact in the case of an emergency:

Name: _____ Phone (_____) _____

Do you regularly attend a Church? No ___ Yes ___ If yes, Church Name _____

Photo Release: (Permission to Use Photographs)

I grant to First Baptist Church, 512 S Whittemore, St. Johns, MI 48879, its representatives and employees, the right to take photographs of my children, and my children's property in connection with the Awana Clubs program. I authorize Awana Clubs, First Baptist Church or its assignees and transferees to use and publish the same in print and/or electronically.

I agree that First Baptist Church may use such photographs of my children with or without their name and for any lawful purpose, including for example, such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Children's Names:			

Parent/Guardian Signature _____

Print your name _____ Date _____

OR I do not give my permission to use photographs.

CONTINUE ON REVERSE SIDE

Please fill out a CHILD SECTION for EACH child that will be at AWANA. Fill out an additional page 2 if more than 4 children.

Child's First & Last Name: _____

Grade: _____ Age: _____ Birth Date: _____

Does this child have any food allergies? NO ___ YES ___ If yes, to what? _____

Is there anything else we should know about this child? _____

My Child will need the following Awana supplies: (check all that apply)

- Handbook (version if other than ESV: _____)
- Vest / Shirt
- Book Bag (optional)
- I Don't Know

Child's First & Last Name: _____

Grade: _____ Age: _____ Birth Date: _____

Does this child have any food allergies? NO ___ YES ___ If yes, to what? _____

Is there anything else we should know about this child? _____

My Child will need the following Awana supplies: (check all that apply)

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COSTS: Yearly dues are \$20 per child (maximum of \$60 per family). Vest/Shirt cost is \$10 each. Handbook cost is \$10 each.