

AWANA Registration ~2024 - 2025~

Child's Name: _____

Date of Birth: _____

Circle Grade in School: Preschool K 1 2 3 4 5 6 TREK

Address: _____

Phone #: _____

Parents Names and Contact Numbers:

Emergency Contact (someone who does not live in your home):

Please list any medical conditions or food allergies:

Please list the names of anyone who has permission to transport your child to and/or from AWANA:

E-mail address: _____

Date form completed: _____

I, _____, give my consent to have my child/children photographed during AWANA events for use at Christian Fellowship of Winlock. Photographs will not be used on the internet without written permission.

OR, check this box if you do **NOT** want your child/children photographed:

Signature of parent or guardian: _____ Date: _____

Print Name: _____

