

AWANA Registration 2025-2026

Child's Name: _____

Date of Birth: _____ Circle Grade in School: **Preschool K 1 2 3 4 5 6**

Address: _____ Phone #: _____

_____ E-mail address: _____

Parent's Names & 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:

_____ Phone #: _____

_____ Phone #: _____

Date form completed: _____

I, _____, give 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 the box if you do **NOT** want your child/ children photographed ☐

Signature of parent or guardian: _____ Date: _____

Print name: _____