



Registration 2025-2026

Child's Name: _____

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

Address: _____

E-mail address: _____ Communication Preference: _____

Church affiliation: _____

Parent's Names & Cellphone Numbers:

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

_____ Cellphone #: _____

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

_____ Cellphone #: _____

_____ Cellphone #: _____

Please list any medical conditions or food allergies:

In the event of an emergency that requires medical treatment for the above named child, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached I give my permission to the AWANA volunteers to secure the services of a licensed physician to provide the care necessary for my child's wellbeing. I assume responsibility for all costs connected to any accident or treatment of my child.

Signature of parent or guardian: _____

I, _____, give consent to have my
PRINT NAME
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 form completed: _____