



## Registration 2026-2027

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: \_\_\_\_\_