

Valley Evangelical Free Church

Awana Registration

For Office Use Only

PP _____ SS _____
 Paid by _____
 Date _____

Parent/Guardian: _____

Contact Person _____

Name(s): _____ Home Phone () _____
 Address: _____ Work Phone () _____
 City: _____ Zip: _____ Cell Phone () _____
 Family Church: _____ Other _____
 Persons other than parents authorized to pick up children E-Mail _____
 _____ *Emergency _____

*Emergency contact during club time (other than parents)

I desire more information about volunteering with Awana

Child's Name	Gender	Birthday	Grade	Club (circle one)
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
Comments - medical conditions, dietary restrictions, allergies, medications that may be needed during club etc.				
1				Cubbies Sparks T&T
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
Comments - medical conditions, dietary restrictions, allergies, medications that may be needed during club etc.				
2				Cubbies Sparks T&T
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
Comments - medical conditions, dietary restrictions, allergies, medications that may be needed during club etc.				
3				Cubbies Sparks T&T
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
Comments - medical conditions, dietary restrictions, allergies, medications that may be needed during club etc.				
4				Cubbies Sparks T&T

Physician _____ Phone () _____
 Dentist _____ Phone () _____
 Preferred Hospital _____

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

 Signature of Parent/Guardian

 Date

Photographs are sometimes taken of children's ministry activities for publicity and promotional purposes, which include, but are not limited to, in-house presentations, church web sites, brochures and newsletters. Children's names or information are never used without specific permission. By signing below, you are releasing Valley Evangelical Free Church to use photographs of your child as stated above.

Yes No I release Valley Evangelical Free Church to use photographs of my child(ren) as stated above

 Signature of Parent/Guardian

 Date