



South Holly Church
2020-2021 AWANA Registration Form

Last Name _____

Parent's Names _____

Address _____

City, Zip _____

Home Phone _____

Cell Phones: Mom _____ Dad _____

Email addresses _____

Home Church _____

Preferred contact method: Email _____ Facebook _____ Text message _____

Child(ren)'s Name	Child 1	Child 2	Child 3	Child 4
Circle One	Boy/Girl	Boy/Girl	Boy/Girl	Boy/Girl
Child's Grade in school this year: _____ Registration Fee/Dues: \$60 (if AWANA uniform is needed). \$47 (if AWANA uniform is not needed). Includes: T-shirt Handbook Awards Activities Additional Items: _____				
Total Per Child	+	+	+	+
Would you like to donate to the AWANA Store?			Amount	+
Would you like to donate to the scholarship fund?			Amount	+
			SUBTOTAL	\$
Family Total (Half due at registration; second half due January 5th)				

*Please specify the T-shirt size

**Co-Commanders Sean and Jaime information seanjaimel@yahoo.com. 951-283-1253

Date Paid _____ Check # _____ Cash _____

Please let us know if you are in need of a scholarship, or need to make payment arrangements. Your situation will be held in confidence.

Please complete the information in the back of this form.



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<p>Child 1</p> <p>Name _____ Birthdate _____ Grade _____</p> <p>Allergies? _____ If yes, special instructions _____</p> <p>Has your child attended AWANA before? _____ Last book completed _____</p>
<p>Child 2</p> <p>Name _____ Birthdate _____ Grade _____</p> <p>Allergies? _____ If yes, special instructions _____</p> <p>Has your child attended AWANA before? _____ Last book completed _____</p>
<p>Child 3</p> <p>Name _____ Birthdate _____ Grade _____</p> <p>Allergies? _____ If yes, special instructions _____</p> <p>Has your child attended AWANA before? _____ Last book completed _____</p>
<p>Child 4</p> <p>Name _____ Birthdate _____ Grade _____</p> <p>Allergies? _____ If yes, special instructions _____</p> <p>Has your child attended AWANA before? _____ Last book completed _____</p>

Who may pick up your child(ren) other than you/your spouse? _____

Emergency contact _____ Relationship to children _____

Home phone _____ Cell Phone _____

I would like more information about helping with AWANA! (Check box to be contacted)

MEDICAL & PHOTOGRAPH RELEASE

1. I, _____, being the parent or legal guardian to the above listed child(ren), hereby give my consent to the authorized parties of South Holly Church for emergency, medical, and surgical treatment of this minor in a licensed hospital by a licensed physician should his/her condition so require it in my absence. I understand that in such a case, reasonable attempts will first be made to contact me (time and conditions permitting). As long as the medical or surgical treatments considered necessary in the situations are in accordance with generally accepted standards or medical practice for the particular type of injury or illness involved, I impose no specific limitations or prohibitions regarding treatment.
2. I grant permission for a photo of my child(ren) to appear in an unpublished directory to be used by Awana leaders only.
3. I GRANT ___/DO NOT GRANT ___ permission for photo(s) of my child(ren) to appear, among other general club photos a long as there is no identifying information, on the South Holly Awana website or Facebook page.

Signed _____ Date _____