



AWANA Registration Form 2022-2023



Child(ren)'s Last Name _____

Parent's Names _____

Street Address _____

City, Zip _____

Home Phone _____

Cell Phones: Father _____ Mother _____

Email Addresses _____

Child(ren) Lives With Both Parents Father Mother Grandparent(s) Other

Home Church _____

Preferred Contact Method: Email Facebook Text Message
(Check All That Apply)

Child(ren)'s First Name:					
Male/Female (Select One):					
Child's School Grade this year:					
T-Shirt Size:					
Registration Fee/Dues:					

\$65 Registration fee per child

Registration Fees Includes: T-shirt; Handbook; Awards; Activities; Additional Items.

Total Per Child					
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Would you like to donate to the AWANA Store?	Amount	
----------------------------------------------	--------	--

Would you like to donate to the scholarship fund?	Amount	
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I would like more information about helping with AWANA! <input type="checkbox"/>	Total	
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**Minimum Half Family Total is due at registration. Second half is due January 8th.
Full payment is also accepted.**

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.

Staff Use Only

Date Paid: In Full _____ OR First Payment _____ Second Payment _____
Payment Method: Cash _____ Check # _____ Credit _____

**Co-Commanders Sean and Jaime information: seanjaime1@yahoo.com 951-283-1253

Please complete the second page of this form.



AWANA Registration Form 2021-2022



Child 1
 Name _____ Birthdate _____ Grade _____
 Allergies? _____ If yes, list allergies / special instructions _____

 Has your child attended AWANA before? _____ Last Book Completed _____

Child 2
 Name _____ Birthdate _____ Grade _____
 Allergies? _____ If yes, list allergies / special instructions _____

 Has your child attended AWANA before? _____ Last Book Completed _____

Child 3
 Name _____ Birthdate _____ Grade _____
 Allergies? _____ If yes, list allergies / special instructions _____

 Has your child attended AWANA before? _____ Last Book Completed _____

Child 4
 Name _____ Birthdate _____ Grade _____
 Allergies? _____ If yes, list allergies / special instructions _____

 Has your child attended AWANA before? _____ Last Book Completed _____

Child 5
 Name _____ Birthdate _____ Grade _____
 Allergies? _____ If yes, list allergies / special instructions _____

 Has your child attended AWANA before? _____ Last Book Completed _____

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

Emergency Contact(s) we may call if we are unable to reach you:

Name _____ Phone Number _____ Relationship to child(ren) _____

Name _____ Phone Number _____ Relationship to child(ren) _____

- I, _____, being the parent or legal guardian to the above listed child(ren), hereby give my consent to South Holly Church to contact directly the persons named on this form. They may authorize any treatment that may be deemed necessary in an emergency, for the health of said child(ren), if time and conditions are permitting. In the event that parents, guardians, or other persons named on this form cannot be reached, South Holly Church is hereby authorized to take whatever action is deemed necessary in their judgment for the health of aforesaid child(ren) including emergency, medical, and surgical treatment in a licensed medical facility by a licensed physician should his/her condition so require it in my absence.
- I grant permission for a photo of my child(ren) to appear in an unpublished directory to be used by Awana leaders.
- I _____ permission for any audio, video or photo(s) of my child(ren) which may be used for future AWANA promotional purposes such as the South Holly Awana website or Facebook page, as long as there is no identifying information, to South Holly Church.

I have read and agree to this statement as it is written:

Signed _____

Date _____