



South Holly Church  
2024-2025 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: \$75 Includes: T-shirt Handbook Grand Prix Car Awards Activities Service Project				
<b>Total Per Child</b>	+	+	+	+
Would you like to donate to the AWANA Store?			Amount	+
Would you like to donate to the scholarship fund?			Amount	+
			<b>SUBTOTAL</b>	\$
<b>Family Total (Half due at registration; second half due January 12th)</b>				

\*\*Co-Commanders Sean and Jaime information [seanjaimel@yahoo.com](mailto: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 on 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(s) 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 \_\_\_/DO NOT GRANT \_\_\_ permission for photo(s) of my child(ren) to be used in the yearly AWANA slide show that is presented during the year end AWANA awards ceremony at South Holly Church.

Sign \_\_\_\_\_ Date \_\_\_\_\_