

Awana Registration Form 2018-19 (Revised 05-6-16)

Last Name _____

Cubbies (must be 3 by August 31st)
Sparks (must be 5 by August 31st)
T&T Boys & Girls (must be 8 by August 31st)

 Parent or Guardian: _____ Today's date _____

Address: _____ City, State & Zip: _____

Email Address: _____ Church you attend: _____

Home Telephone: _____ Cell Phone: _____

Is there anyone that CANNOT pick up your children: _____

Child's Name _____ Birth Date: _____ Due \$ 25.00 Need Rec'd

Grade: _____ Age: _____ Handbook # _____ \$12.00

Uniform: (**Cubbies or Sparks \$13.00**) or (**T&T \$17.00**) Cost of Uniform \$ _____

(Trek \$17.00) Size _____ (Optional) Book Bag \$12.00

Subtotal \$ _____

Circle Attending Club

Cubbies (3&4) Sparks (K-2nd) T&T Girls T&T Boys (3rd-6th) Trek & Journey

Child's Name _____ Birth Date: _____ Due \$ 25.00 Need Rec'd

Grade: _____ Age: _____ Handbook # _____ \$12.00

Uniform: (**Cubbies or Sparks \$13.00**) or (**T&T \$17.00**) Cost of Uniform \$ _____

(Trek \$17.00) Size _____ (Optional) Book Bag \$12.00

Subtotal \$ _____

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Subtotal \$ _____

Circle Attending Club

Cubbies (3&4) Sparks (K-2nd) T&T Girls T&T Boys (3rd-6th) Trek & Journey

Less Discount -\$ _____

Additional Books _____

Total Due \$ _____

Registration, make sure you give Childs Medical Release Form to child's club Secretary

(You do not have to buy a new uniform every year unless you change clubs or you outgrow it.)

Sparks, T&T Boys, & T&T Girls – Don't go into book 2, 3, or 4 until preceding book is finished.

Date: _____	Paid \$ _____	(circle) Check or Cash	Balance Due \$ _____
Date: _____	Paid \$ _____	(circle) Check or Cash	Balance Due \$ _____
Date: _____	Paid \$ _____	(circle) Check or Cash	Balance Due \$ _____
Date: _____	Paid \$ _____	(circle) Check or Cash	Balance Due \$ _____

*A new jersey-style uniform is now available for 5th & 6th graders (T-shirt may still be worn instead). New books are not purchased until the preceding book is completed. Dues help pay for supplies, awards, incentives, theme nights, etc. Scholarships are available upon request.

2nd Email Address: _____

Parental Consent and Medical Release Form 2018-19

(Please print the following information)

I as parent or guardian give my permission for my child(ren) to participate in the Awana Club at Calvary Chapel of Kennewick WA and in any activities for the club year of **2018-19**. As a parent and/or legal guardian, I give permission for medical treatment to be given to my child if necessary in the event of a medical emergency and only after reasonable effort has been made to reach me. As the undersigned I do hereby release and agree to hold harmless Calvary Chapel of Kennewick, Washington, its Awana leaders and Awana Clubs International from any and all liabilities or claims for personal injury which may be incurred by my child while participating in the Awana program.

I give permission for the Awana program to photograph and/or video my child to display on bulletin boards, slide shows, the church website, Facebook or other Awana program activities. (No names will be attached to photos).

I as a parent or guardian also authorize transportation for any outside Awana activities during the club year. Transportation may be provided by Calvary Chapel or Awana leaders. Leaders will be required to provide proof of insurance prior to transporting clubbers.

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Address: _____

Date: _____ **Home Phone:** _____ **Cell Phone:** _____

Name of Emergency Contact (other than Parent): _____

How related: _____ **Phone number(s):** _____

Family Doctor: _____ **Medical Insurance Co.:** _____

Medical Information:

Child's Name: _____ Date of Birth _____ Club (Circle one): Cubbies / Sparks / T&T
Trek / Journey

Chronic illness, allergies or other conditions we need to know about:

Child's Name: _____ Date of Birth _____ Club (Circle one): Cubbies / Sparks / T&T
Trek / Journey

Chronic illness, allergies or other conditions we need to know about:

Child's Name: _____ Date of Birth _____ Club (Circle one): Cubbies / Sparks / T&T
Trek / Journey

Chronic illness, allergies or other conditions we need to know about:
