



REGISTRATION FORM

2018 / 2019

Child Information

Please Print

FIRST Name: _____ LAST Name: _____

Address: _____

City: _____ Postal Code: _____

Grade: _____ Age (as of Sept.30, 2018): _____ Birthdate: _____

Health Card: _____

Allergies: _____

Has this child participated in Awana previously? Yes / No

Parent / Guardian Information

Please circle: Parent / Guardian

Name: _____

Phone No(s): _____

Email: _____

If address or phones are different than the child's, please write on the back of this form.

Is there anyone who MUST NOT pick up your child? _____

EMERGENCY Contact Information

Contact Person / Relationship: _____

Emergency Phone No(s): _____

Emergency Medical Authorization

In case of a medical emergency, I hereby give authority to any hospital and/or emergency medical personnel to render immediate medical aid, including transport if necessary, for _____, as may be required at the time for his/her health and safety. (child's name)

(Parent Signature)

NOTES: _____

