



REGISTRATION FORM



Child's Name: _____ Age/ Grade Going Into: _____

Physical Address: _____

Mailing Address: _____

City, State, & Zip Code: _____

Parent/ Guardian's Name: _____

Phone Number: _____ Birthday: _____

Allergies/ Medical Conditions We Should Be Aware of: _____

Do you attend church? _____ If yes, what church do you attend? _____

How will your child be transported to AWANA every week? (Check all that will apply.)

- _____ Parent/ Guardian Drop Off & Pick Up
- _____ Will ride with a friend (Please write who: _____)
- _____ Walk
- _____ RLBC will pick up and drop off

Please list the individuals who are authorized to pick up your child from club.

We would like to contact your child to see how they are enjoying club and if they need any help in completing their handbooks. We would also like to send written correspondence such as Get Well cards, We Missed You cards, and Birthday cards. We are asking your permission as the legal parent/ guardian to contact your child, by written communication and by telephone to discuss club activities.

- _____ Yes, my child can receive written and phone correspondence.
- _____ No, my child **cannot** receive written and phone correspondence.

Parent/ Guardian's Signature

Date