

Awana Clubber Registration
Club Year: 2019-2020

Emmanuel Baptist Church

1515 E College Way
 Mount Vernon, WA 98273

_____ Date Rcvd
<input type="checkbox"/> Love Inc.
<input type="checkbox"/> Awana Volunteer
<input type="checkbox"/> Enrolled in Adult Studies

- Please Print -

<u>Parent / Guardian</u>	<u>Number / Email Address</u>	<u>Contact Person</u>
Name(s): _____	Cell Phone: _____	_____
Address: _____	Cell Phone: _____	_____
City: _____ State: _____ Zip: _____	Email: _____	_____
Home Church: _____	Work Phone: _____	_____
Persons (other than parents) authorized to pick up child(ren):	Other: _____	_____
_____	Emergency*: _____	_____

*Emergency contact during club (other than parent/guardian)

<u>Child's First and Last Name</u>	<u>Gender</u>	<u>Age</u>	<u>Birthdate</u>	<u>Grade</u>	<u>Club</u>	<u>Allergies / Medical Special Needs</u>	<i>*Severe or multiple allergies please provide own snack*</i>
_____	M / F	___	_____	___	___	_____	
_____	M / F	___	_____	___	___	_____	
_____	M / F	___	_____	___	___	_____	
_____	M / F	___	_____	___	___	_____	
_____	M / F	___	_____	___	___	_____	
_____	M / F	___	_____	___	___	_____	
_____	M / F	___	_____	___	___	_____	
_____	M / F	___	_____	___	___	_____	

Children of Volunteer Staff in need of childcare

<u>Child's First and Last Name</u>	<u>Age</u>	<u>Nursery</u>	<u>Toddler</u>	<u>People authorized for pick-up</u>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>Doctor Name</u>	<u>Doctor Phone</u>
_____	_____
_____	_____







____ I give permission for my child's picture to be used for the annual in-house video presentation.
 (Initials)

Medical Release:

In the event of an emergency that requires medical treatment for the above named child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission for Awana leadership to secure emergency services for the wellbeing of my child.

Parent/Guardian Signature _____
(Please see back for purchase information)

Put an "X" in the box if supply is needed

CUBBIES 	Age	Book (\$11)	Uniform (\$11)	Bag (\$7)	Total	
Name					\$	
Name					\$	
SPARKS 	Grade	Book (\$11)	Uniform (\$11)	Bag (\$6.50)	Total	
Name					\$	
Name					\$	
Name					\$	
Name					\$	
T&T 3rd/4th GIRLS 	Grade	Book (\$11)	Uniform (\$16)	Bag (\$9)	Total	
Name					\$	
Name					\$	
Name					\$	
T&T 3rd/4th BOYS 	Grade	Book (\$11)	Uniform (\$16)	Bag (\$9)	Total	
Name					\$	
Name					\$	
Name					\$	
T&T 5th/6th GIRLS 	Grade	Book (\$11)	Uniform (\$16)	Bag (\$9)	Total	
Name					\$	
Name					\$	
Name					\$	
T&T 5th/6th BOYS 	Grade	Book (\$11)	Uniform (\$16)	Bag (\$9)	Total	
Name					\$	
Name					\$	
Name					\$	
						(Secretary use only) Check/Cash/Date
Total Supply Cost for all children					\$	
Dues (\$1/child/week OR \$25/child/year, \$70 max/family)					\$	
Adjustment						
Total for all children*					\$	<input type="checkbox"/> BK
Additional supply purchased during yr:						

*Please make checks payable to Emmanuel Baptist Church (EBC).
Please see the Awana Secretary or Terry for scholarship or payment information.