

# Awana Family Registration Form

Parent's Names: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Children 3 years old through 12<sup>th</sup> grade who will be in Awana:

Name	Grade	Age	Birthday
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In case of emergency, where can we contact you on Wednesday evening?

\_\_\_\_\_

Other emergency contact: (Neighbor or Friend)

\_\_\_\_\_

\_\_\_\_\_

Do any of your children who participate in Awana have any allergies or physical conditions that might limit their participation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please tell us which child(ren) and specify the limitation below: **(Also include any food allergies or prescription information)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_