

Awana Family Registration Form

Parent's Names:

Address:

Phone Numbers:

What church do you regularly attend?

Children 3 years old through 12th 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.)**
