



FAMILY REGISTRATION FORM

2018-2019

	FIRST NAME	LAST NAME	BIRTHDATE	AGE ON 9/1	GENDER	GRADE	CLUB JOINING					ALLERGIES/SPECIAL NEEDS
							CUBBIES*	SPARKS	T & T	TREK	JOURNEY	
CHILD												
CHILD												
CHILD												
CHILD												
CHILD												
CHILD												

**JUST A FRIENDLY REMINDER THAT ALL CUBBIE PARENTS MUST REMAIN ON THE CHURCH CAMPUS DURING ALL AWANA ACTIVITIES.*

MOTHER _____

FATHER _____

(IF DIFFERENT FROM PHYSICAL ADDRESS PLEASE PROVIDE)

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

CITY _____

ZIP CODE _____

HOME PHONE _____

MOM CELL PHONE _____

DAD CELL PHONE _____

EMAIL ADDRESS _____

May we have permission to photograph your child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we have permission to use your child(ren)'s photograph in church publications and end of year AWANA program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent or Guardian Signature: _____	

PLEASE COMPLETE BOTH SIDES OF THIS FORM