



## FAMILY REGISTRATION FORM

**2019-2020**

Revised 4/10/19

	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 GUARDIANS/PARENTS MUST REMAIN ON THE CHURCH CAMPUS DURING ALL AWANA ACTIVITIES.*

GUARDIAN #1 \_\_\_\_\_ Relationship \_\_\_\_\_

GUARDIAN #2 \_\_\_\_\_ Relationship \_\_\_\_\_

(IF DIFFERENT FROM PHYSICAL ADDRESS PLEASE PROVIDE)

PHYSICAL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

GUARDIAN #1 CELL PHONE \_\_\_\_\_

GUARDIAN #2 CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

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

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**