



FAMILY REGISTRATION FORM

2017-2018

	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