



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 _____

PHYSICAL ADDRESS _____

CITY _____

ZIP CODE _____

HOME PHONE _____

MOM CELL PHONE _____

DAD CELL PHONE _____

EMAIL ADDRESS _____

(IF DIFFERENT FROM PHYSICAL ADDRESS PLEASE PROVIDE)

MAILING ADDRESS _____

May we have permission to photograph your child(ren)?

Yes No

Parent or Guardian Signature: _____

May we have permission to use your child(ren)'s photograph in church publications and end of year AWANA program?

Yes No

PLEASE COMPLETE BOTH SIDES OF THIS FORM