



# Washington Heights Church AWANA Registration 2010-2011

Child's Name: \_\_\_\_\_ Birth date \_\_\_\_\_ Sex: M / F  
 Name: \_\_\_\_\_ Birth date \_\_\_\_\_ Sex: M / F  
 Name: \_\_\_\_\_ Birth date \_\_\_\_\_ Sex: M / F

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

### Class Placement

**Puggles: 2 and 3 year-olds**  
 (must be two by 9/01/2010. Only 10 spaces available)

Name: \_\_\_\_\_

**Cubbies: 3, 4 and 5 year-olds**  
 (must be three by 9/01/2010 and potty trained)

Name: \_\_\_\_\_

(Vest is one size fits all)

**Sparks: Kindergarten-2nd grade**  
 (must be enrolled in kindergarten for the 2010-2011 school year)

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Vest Size: Large (10) XL (12) XXL (14)

**Truth and Training: 3rd-5th grade**

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Shirt Size: Child M 14 / Lg. 16 Adult S /M/ Lg.

### Where will you be serving?

**I am willing to volunteer on a weekly basis.**

Please check below where you would like to volunteer and complete the attached Children's Ministry background sheet. If you have questions you may contact Tammy at 479-7030 ext. 248 or by e-mail at [tammy@washingtonheights.org](mailto:tammy@washingtonheights.org)

- Class Leader: responsible for 5-6 kids, helping with verses, games and Bible time
- Listener: assists children in memory verses
- Cubbies Leader
- Nursery Attendant: for AWANA leaders with children under age 3
- Puggles Helper
- T&T Games Leader
- T&T Games Helper

**Parental support is necessary and vital to AWANA. We ask that if you use the AWANA program you also volunteer once a month.**

**I will help on the following Wed. of every month:**

- 1st Wed.  2nd Wed.  3rd Wed.  4th Wed.

Our family currently attends:

\_\_\_\_\_  
Name of Church

**Fee: \$15 per child** (\$20 per child after 9/13)

Club meets Wednesdays from 6:30-8:15 pm.  
 The club year runs from Sept. 15, 2010 through May 11, 2011.  
 Christmas Break is November 10, 2010-January 5, 2011

## Consent for medical treatment of a minor child

I, \_\_\_\_\_ hereby state that I am the parent and/or legal guardian having legal custody of my son/daughter \_\_\_\_\_ age \_\_\_\_\_. I give consent for a responsible adult at the AWANA program at WHC to administer appropriate first aid to my child when needed. I also give consent to secure additional emergency treatment for my child, under the following conditions: there is a consensus of several adults that care is needed; reasonable effort has been made to find the parent or guardian; the consensus of several adults is that care is needed prior to the probable return of the parent/guardian to pick up the child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Expiration Date: May 12, 2011

Does your child have:

(if you answer yes to any of these questions, please notify a class leader)

Custody concerns: \_\_\_\_\_

Learning Disabilities: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Medical Needs: \_\_\_\_\_

Medications: \_\_\_\_\_