



Washington Heights Church
AWANA Puggles Registration
 2009-2010



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: _____

Where will you be serving?

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

Please check below where you would like to volunteer and which week of the month 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

- Nursery Attendant: for AWANA leaders and EU Parents with children under age 3
- Puggles Guide: for AWANA leaders and EU parents with children under age 3

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

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

Fee: \$15 per child

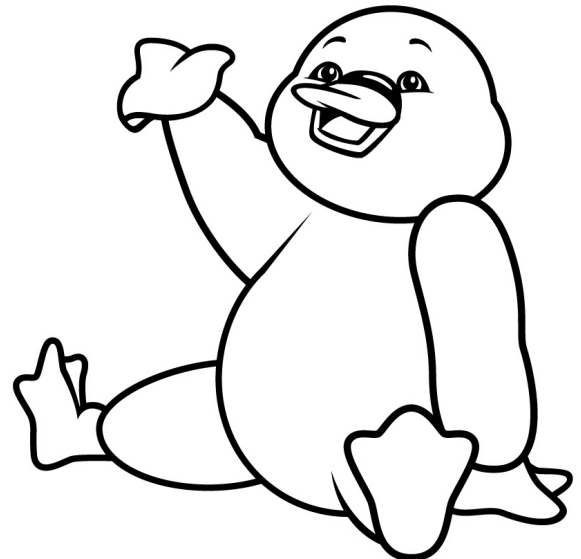
Club meets Wednesdays from 6:30-8:15 pm.
 The club year runs from Sept. 16, 2009 through May 12, 2010.
 Christmas Break is November 11, 2009-January 6, 2010

Our family currently attends:

 Name of Church Pastor

Our family formerly attended:

 Name of Church Pastor



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, 2010

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: _____