



# Washington Heights Church AWANA 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: \_\_\_\_\_

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

### Class Placement

**Cubbies: 3, 4 and 5 year-olds**  
 (must be three by 9/01/2009 and potty trained)

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

(Vest is one size fits all)

**Sparks: Kindergarten-2nd grade**  
 (must be enrolled in kindergarten for the 2009-2010 school year)

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

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

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

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

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

### 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](mailto:tammy@washingtonheights.org)

- Class Director: oversees all aspects of one club
- Class Leader: responsible for 5-6 kids, helping with verses, games and Bible time
- Class Secretary: classroom record keeping and supplies
- Nursery Attendant: for AWANA leaders with children under age 3
- Listener: assists children in memory verses
- Cubbies Leader
- Cubbies Games Leader

***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 Pastor

Our family formerly attended:

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

**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. 16, 2009 through May 12, 2010.  
 Christmas Break is November 11, 2009-January 6, 2010

## 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: \_\_\_\_\_