

AWANA Registration 2011-2012



Parent/Guardian Name _____

Street Address: _____ City: _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Name of church family attends: _____

Child's Name _____ Age _____ Birthdate _____ Gender _____

Grade if applicable _____

- Puggles:** 2 and 3 year-olds (two years old by 9/1/2011)
- Cubbies:** 3, 4 and 5 year olds (three years-old by 9/1/2011)
- Sparks:** Kindergarten-2nd grade (Enrolled in Kindergarten for the 2011-2012 school year)
- Truth and Training:** 3rd-5th grade

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**We could not make AWANA happen without parents! Please indicate your commitment to serve below.
We ask that each family whose children participate in the AWANA program volunteer at least one week per month.**

I am available on a **WEEKLY** basis to assist as follows:

- Nursery (nursery care is available for leaders and helpers only)
- Puggles: Circle one Leader Helper
- Cubbies: Circle one Leader Helper
- Sparks: Circle one Leader Helper
- T & T: Circle one Leader Helper
- Games: Circle one Leader Helper
- Listener: assist Sparks and T&T kids with memory verses

I am available on a **MONTHLY** basis to assist as follows:

- 1st Wednesday of the month
- 2nd Wednesday of the month
- 3rd Wednesday of the month
- 4th Wednesday of the month

Details you need to know! Fee: \$15 per child (\$20 per child after 9/21/11). Fee includes AWANA materials and AWANA vest/shirt. Club meets Wednesdays from 6:30-8:00 pm, 9/21/11 through 5/9/12. Christmas Break: 11/9/11 through 1/11/12

MEDICAL RELEASE AND INFORMATION

I hereby authorize my son/daughter to participate in the AWANA program sponsored by The Heights Community. Should emergency treatment be necessary I authorize the Children's Ministry Director to act on my behalf and approve appropriate treatment. We will call the student's parents/guardians as soon as possible for further instructions.

Parent/Guardian Signature

Date

Parent/Guardian Name (please print)

Please check all that apply to your child/children:

Food Allergies

Other Allergies

Medical Needs

Medications

If any of the above boxes are checked please explain: _____

Is there anything else we should know about your child/children that would help us more effectively minister to your family? _____
