

**NEW LIFE COMMUNITY CHURCH
AWANA CLUB REGISTRATION FORM
2017-2018**

3 years old (as of Oct. 1, 2017) - 6th Grade

Father's Name _____
last
first

Mother's Name _____
last
first

Address _____
street
city
state
zip

Father's phone (H) _____ Mother's phone (H) _____
 (W) or (C) _____ (W) or (C) _____

Children live with: Both Parents Father Mother Grandparents Guardian/Other

Email address for updates: _____

Your Home Church : _____

I give my permission for audio, video, or photo images, to be taken of my child which may be used for future promotional purposes.

Fees are as follows: \$40 for first child / \$35 for each additional child in same family
 *New Life Regular Attenders \$35 for first child / \$30 for each additional child in same family

Please list all children you are registering for AWANA

Child's First & Last Name	Birth Date	Grade '17/'18	M/F	Health Concerns	<u>Club</u> Cubbies/Sparks Or T&T	Dues Owed	<u>Pd.</u> Check cash or online

Emergency Contact we may call if we are unable to reach you:

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

AWANA AUTHORIZATION:

I do hereby authorize AWANA officials to contact directly the persons named on this form, they may authorize any treatment as may be deemed necessary in an emergency, for the health of said child. In the event that parents or guardians, other persons named on this form cannot be reached the AWANA officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of aforesaid child.

I have read and agree to this statement as it is written:

Date _____ Parent/Guardian (signature) _____