



REGISTRATION FORM

Name _____

Street Address _____

City/State/Zip _____

Home Telephone _____

Cell Phone _____

Email Address _____

Date of Birth _____ Age _____ Grade _____

Mother's Name _____

Father's Name _____

ANY allergies _____

Occasionally we use pictures to show what happens during Awana. Please mark if you do NOT want us to use pictures of your child.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by a doctor or hospital.

Signed: _____