



2023-2024 Registration

Date: _____ Guardian(s): _____

Guardian email address: _____ Home Church: _____

Street Address: _____ City: _____ Zip: _____

Primary Phone Contact: Name & Number: _____

Secondary Phone Contact: Name & Number: _____

Clubber: _____ Club: _____ Birthday: _____ Age: _____ Grade: _____

Clubber: _____ Club: _____ Birthday: _____ Age: _____ Grade: _____

Clubber: _____ Club: _____ Birthday: _____ Age: _____ Grade: _____

Clubber: _____ Club: _____ Birthday: _____ Age: _____ Grade: _____

Clubber: _____ Club: _____ Birthday: _____ Age: _____ Grade: _____

Cubbies (3 & 4 year olds, or two years before kindergarten)

	Item:	Quantity:	Total:
Cubbies Flat Fee	\$20		
Cubbies Vest S(4) M(5) L(6) XL(8) circle one	\$13		

Sparks (K-2nd grade)

	Item:	Quantity:	Total:
Sparks Flat Fee	\$20		
Sparks Vest Fee	\$13		

Cubbies (3 & 4 year olds, or two years before kindergarten)

	Item:	Quantity:	Total:
T&T Flat Fee	\$20		
T&T Shirt Fee	\$18		

I'd like to pay \$ _____ per month for _____ months
 Payment Received Check #: _____ Cash Online

Any Questions Contact:
 Sherry Maakestad at awana@harvestefree.org
 Gretchen Clapper at gretchen.clapper@harvestefree.org

Please continue to Back Side to Complete Registration Information (Medical, Consent, etc.)

Emergency Medical Release

In EMERGENCIAS requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person from Harvest Evangelical Free Church in Story City, Iowa to have your child transported to that hospital and receive treatment.

Signature of Parent/Guardian _____

Date _____

Photo Release

Photographs are sometimes taken of children’s ministry activities for publicity and promotional purposes, which include, but are not limited to, in-house presentations, church websites, brochures and newsletters. Children’s names or information are never used without specific permission. By signing this area, you are releasing Harvest Evangelical Free Church to use photographs of your child as stated above.

Signature of Parent/Guardian _____

Date _____

Pick-up Authorization

Please list below anyone authorized to pick up your child from Awana. If you have further concerns about child pickup, please explain below.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Other concerns:
