

AWANA Registration Form

2021-2022

Date:Parent(s):				
Parent e-mail address:	Home Church:			
Street Address:	City:		Zip:	
Primary Phone Contact Name & Number:				
Secondary Phone Contact: Name & Number:				
Clubber:Club: _	Birtho	late:	Age:	Grade:
Clubber:Club: _	Birtho	late:	Age:	Grade:
Clubber:Club:	Birtho	late:	Age:	Grade:
Clubber:Club:	Birtho	late:	Age:	Grade:
Clubber:Club:	Birtho	late:	Age:	Grade:
Item Cubbies (3 & 4 year-olds, or two years before	e kindergarten)	Price	Quantity	Total
Cubbies Flat Fee	,	\$20.00		
Cubbies Vest S(4) M(5) L(6) XL (8) ci	ircle one	\$12.00		
Sparks (K-2nd grade)				
Sparks Flat Fee		\$20.00		
Sparks Vest Fee		\$12.00		
Truth & Training (T&T) 3rd & 4th Adventure,	5th & 6th Challenge			
T&T Flat Fee		\$20.00		
T&T Shirt Fee:		\$17.00		
			Grand Total	:
I'd like to pay \$	per month for		_ months.	
□ Payment Received Ch	•	Ca		ne

If you prefer an AT-HOME registration, please contact Lisa Webb.

Commander Lisa Webb (515) 450-9976

commanderwebb10@gmail.com



Emergency Medical Release

In EMERGENCIES 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 me promotional purposes, which include, but are not church web sites, brochures and newsletters. Chanever used without specific permission. By signing Harvest Evangelical Free Church to use photogram Signature of Parent/Guardian	limited to, in-house presentations, ildren's names or information are g this area, you are releasing phs of your child as stated above.
Date	
Pick-up Authorization Please list below anyone authorized to pick up yo further concerns about child pickup, please explai 1	
3	
4	
Other concerns:	