



## Registration and Consent Form

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies/Medical conditions: \_\_\_\_\_

Mother: \_\_\_\_\_ Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Who may pick up your child? \_\_\_\_\_

Permission to photograph your child during AWANA Clubs?    YES                      NO

Please check which club your child will be in:

Cubbies	Sparks	T&T
3-PreK	K-2	3-5

Siblings also signed up for AWANA: \_\_\_\_\_

The undersigned hereby gives permission for my child, \_\_\_\_\_, to attend and participate in all AWANA Clubs. I understand that in the case of an emergency, FBC Valparaiso will attempt to contact me (parent) first. If unable to reach, the additional emergency contact will be phoned.

Registration fee is \$30 per child. If you are unable to cover this fee, please speak with FBC Valparaiso staff.

Parent Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_