



Registration Form

Child's Name: _____

DOB: _____

Church Member Visitor Regular Attendee

What church? _____

Cubbies: 3 – 4 Yr. Olds (**3 Years Old Prior to August 31st**)

Sparks: Kindergarten - 2nd Grade

T&T: 3rd – 5th Grades

Parent Name(s): _____

Address (City, State, Zip): _____

Email Address(es): _____

Home Phone: _____ Cell Phone: _____

Emergency Phone: _____

Emergency Contact(s): _____

Allergies/Special Instructions: _____

To whom may we release your child? _____

Is there anyone specifically to whom your child cannot be released?

Willing to serve in AWANA.

Parent Signature: _____ Date: _____



Parent Volunteers

Parents,

Check the following areas that you could help us with and return this half sheet to the Club Director.

Club:

- Cubbies
- Sparks
- T&T

What you can do:

- Substituting when leaders are out.
- Listening to and helping with sections during handbook times.
- Planning a special night or outing.
- Telling a Bible story.
- Providing snacks for special nights.
- Donating candy and/or small inexpensive (<\$1.00) toys.
- Donating larger toys for the Club Store (>\$5.00)

NAME: _____

PHONE: _____