

INDEPENDENT BIBLE CHURCH AWANA Registration Form



Use this form to register your children for our AWANA Ministry this year.

Parents or Guardian	Father's Name:	<input type="text"/>
	Mother's Name:	<input type="text"/>
Address	Street Address:	<input type="text"/>
	City:	<input type="text"/>
	State:	<input type="text"/>
	Zip:	<input type="text"/>
Communication:	Home Telephone:	<input type="text"/>
	Father's Cell Phone:	<input type="text"/>
	Mother's Cell Phone:	<input type="text"/>
	Email Address:	<input type="text"/>
	Emergency Contact:	<input type="text"/>
	Emergency Contact Tel:	<input type="text"/>
	Home Church:	<input type="text"/>
	Who brings you to AWANA?:	<input type="text"/>
Insurance:	Insurance Carrier and policy number:	<input type="text"/> <input type="text"/>
Permission:	<input type="checkbox"/> <i>I understand that I will be notified in case of serious injury or illness. However, in the event that I cannot be reached, I hereby give permission for my children named below to be medically treated by a physician or medical facility as appropriate.</i>	
	Parent or Legal Guardian: _____	

List Children Below

Child's Name	Grade	Birthdate	Age	Allergies	Shirt Size
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____

Please list anything else here that we should be aware of here: