



AWANA REGISTRATION FORM

2016-2017



Child's Name:		Date of Birth:		Male	Female
Address:				Grade (as of Sept'16):	
City:			Postal Code:		
Parent(s)/Guardian:			Relationship to Child:		
Home Phone #:			Work / Cell Phone #:		
Email address:					
Home Church (if applicable)			Child's Health Card #:		

Please provide information for other individuals in case of emergency and we are unable to contact you.

Name	Phone #
Name	Phone #

Please provide the names of all individuals who may pick your child up during the week:

Club Group:	<input type="checkbox"/> Cubbies: <input type="checkbox"/> Sparks: <input type="checkbox"/> T & T:	Born 2012-2013 (pre-school-JK) Born 2009-2011 (SK-Gr.2) Born 2006-2008 (Gr.3-5)
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Does your child have any illness, disability, allergies or any medical condition which our staff should be made aware?
(circle) NO YES . If yes, please provide details (use separate sheet if necessary): _____

Is your child on any medication? (Please list): _____

Are you leaving medication to be administered to your child? **No Yes** If yes, please provide written instructions.

Medical Statement & Informed Consent:

I understand that in the case of emergency or illness, Grace Church staff will make every effort to contact the child's parents or guardians. In the event that staff cannot contact me, I agree that a qualified medical physician may attend to my child. I hereby release Grace Church, its staff and its volunteers from any and all liability.

Children enrolled in Grace Church AWANA may be involved in some of the following activities: running, hiking, water fun, games, crafts, sports, activities in the gymnasium, and using the Grace Church facilities. Throughout the year, AWANA staff will also take pictures of the kids participating in various activities. Some of these pictures will be used to promote AWANA to our church and/or the community through displays, fliers, DVD or other media.

I permit Grace Church to use photos of my child(rens)
for the promotion of AWANA as described above.

Please initial here →

I hereby give permission for my child to participate in all AWANA activities.

Parent/Guardian Signature: _____ Date: _____

AWANA Fees

Annual Registration Fee per child (required):	\$ 55 (includes cost of books and materials)
Uniform – per child (if required):	\$ 15
Early Registration Discount	\$ -5 per child
(\$5 discount per child if FULL registration and payment received on or before August 15)	
Registration Cost: \$165 max per family (not including uniforms)	

Office Use Only:	Total Payment \$ _____	Rec'd Date : _____	Cash	Cheque	Post-dated Chq
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