

**Awana Clubber Registration**  
**Club Year: 2020-2021**

**CHECK ALL THAT APPLY**

- Awana Volunteer
- Awana on campus
- Awana at home
- Enrolled in Adult Studies
- Youth Volunteer

**Emmanuel Baptist Church**

1515 E College Way  
 Mount Vernon, WA 98273

Date Rcvd
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**- Please Print -**

<u>Parent / Guardian</u>	<u>Number / Email Address</u>	<u>Contact Person</u>
Name(s): _____	Cell Phone: _____	_____
Address: _____	Cell Phone: _____	_____
City: _____ State: _____ Zip: _____	Email: _____	_____
Home Church: _____	Work Phone: _____	_____
<b>Persons (other than parents) authorized to pick up child(ren):</b>	Other: _____	_____
_____	<b>Emergency*:</b> _____	_____

\*Emergency contact during club (other than parent/guardian)

<u>Child's First and Last Name</u>	<u>Gender</u>	<u>Age</u>	<u>Birthdate</u>	<u>Grade</u>	<u>Club</u>	<u>Allergies / Medical Special Needs</u>	*Severe or multiple allergies please provide own snack*
_____	M / F	___	_____	___	_____	_____	
_____	M / F	___	_____	___	_____	_____	
_____	M / F	___	_____	___	_____	_____	
_____	M / F	___	_____	___	_____	_____	
_____	M / F	___	_____	___	_____	_____	
_____	M / F	___	_____	___	_____	_____	

Children of Volunteer Staff & Adult Studies Participants in need of childcare:

<u>Child's First and Last Name</u>	<u>Age</u>	<u>Birthdate</u>	<u>Nursery</u>	<u>Toddler</u>	<u>People authorized for pick-up</u>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>Doctor Name</u>	<u>Doctor Phone</u>
_____	_____
_____	_____

\_\_\_\_ I give permission for my child's picture to be used for the annual in-house video presentation.  
 (Initials)







**Medical Release:**

In the event of an emergency that requires medical treatment for the above named child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission for Awana leadership to secure emergency services for the wellbeing of my child.

Parent/Guardian Signature \_\_\_\_\_

*(Please see back for purchase information)*

Put an "X" in the box if supply is needed

<b>CUBBIES</b> 	Age	Book (\$11)	Uniform (\$11)	Bag (\$7)	Total	
Name					\$	
Name					\$	
<b>SPARKS</b> 	Grade	Book (\$11)	Uniform (\$11)	Bag (\$7)	Total	
Name					\$	
Name					\$	
Name					\$	
Name					\$	
<b>T&amp;T 3<sup>rd</sup>/4<sup>th</sup> GIRLS</b> 	Grade	Book (\$11)	Uniform (\$16)	Bag (\$12)	Total	
Name					\$	
Name					\$	
Name					\$	
<b>T&amp;T 3<sup>rd</sup>/4<sup>th</sup> BOYS</b> 	Grade	Book (\$11)	Uniform (\$16)	Bag (\$12)	Total	
Name					\$	
Name					\$	
Name					\$	
<b>T&amp;T 5<sup>th</sup>/6<sup>th</sup> GIRLS</b> 	Grade	Book (\$11)	Uniform (\$16)	Bag (\$12)	Total	
Name					\$	
Name					\$	
Name					\$	
<b>T&amp;T 5<sup>th</sup>/6<sup>th</sup> BOYS</b> 	Grade	Book (\$11)	Uniform (\$16)	Bag (\$12)	Total	
Name					\$	
Name					\$	
Name					\$	
						(Secretary use only) Check/Cash/Date
Total Supply Cost for all children					\$	
Dues (\$1/child/week OR \$25/child/year, \$70 max/family)					\$	
Adjustment						
Total for all children*					\$	<input type="checkbox"/> BK
Additional supply purchased during yr:						

*\*Please make checks payable to Emmanuel Baptist Church (EBC).  
Please see the Awana Secretary or Terry for scholarship or payment information.*