



REGISTRATION

Email this form to:

jeff.footer@icloud.com

Print it out mail it to:

3268 Texas Highway 77 W
Atlanta, TX 75551

Date: _____

Child's Name _____ Male _____ Female _____

Address _____

City: _____ State _____ Zip _____

Phone Number: _____ Email Address _____

Date of Birth (mm/dd/year) _____ Grade _____

Parents' Names _____

Invited By _____

Church Affiliation _____

Website and Photography Permission: We often take pictures during club time which may be posted on our website or Face Book. _____ Yes, I give my permission for my child's picture to be posted on the website/Face Book _____ No, I do not wish for my child's picture to be posted on the website/Face Book Parent or Guardian's Signature: _____

My child will need transportation and I give permission for my child to ride the church van to and from Awana's on Wednesday evenings. Guardian's Signature _____

Emergency Information In case of emergency, please contact _____, telephone number _____. In case of emergency, we will do our best to make contact with the emergency contact listed. However, if that contact cannot be reached, please sign below to give your permission to contact the child's doctor below on the child's behalf.



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Parent or Guardian's Signature _____

My child's doctor is _____ Telephone Number _____

Please list any allergies or illnesses that your child may have that we should be aware of.
