## **AWANA REGISTRATION**

CHILD'S NAME		MALE FEMALE
CHILD'S AGE BIRTHDAY	// GRA	DE IN SCHOOL
ADDRESS		
CITY		
PARENT/GUARDIAN'S NAME		
HOME PHONE #	CELL PHONE #	
EMAIL ADDRESS		
Does your child have any allergies or med	ical conditions that we	e should be aware of? YES/NO
If so, please specify (use the back if necess		
In case of emergency, do you have a hosp	ital preference?	
1st EMERGENCY CONTACT		
RELATION TO CHILD	PHONE #	
2 <sup>ND</sup> EMERGENCY CONTACT		
RELATION TO CHILD	PHONE #	
PERSON BRINGING CHILD TO AWANA		
PERSON PICKING UP CHILD FROM AWANA	١	
<b>YES/NO</b> Do you give permission for SNM and use the photos for in-house promotio or SNMBC Awana private Facebook page? on the website.	nal use or on the Awa	na page of the SNMBC website
PARENT / GUARDIAN SIGNATURE		
	DAT	E