



# Registration Form

## **CONTACT INFORMATION**

Parent/Guardian Name(s): \_\_\_\_\_  
First Name Last Name

Mailing Address: \_\_\_\_\_  
Street City State Zip

Primary Phone Number: ( ) \_\_\_\_\_ Additional numbers: ( ) \_\_\_\_\_  
\*This number will be considered first for informational & emergency contact. ( ) \_\_\_\_\_

Email: \_\_\_\_\_

✓ Would you like to sign up for the Childhood Ministry Monthly E-newsletter?  Yes  No

Location of Parent/Guardian(s) during Awana (in case of emergency): \_\_\_\_\_  
\_\_\_\_\_

The following individual(s) have permission to pick my child(ren) up from Awana:

\*If more space is needed, please attach another registration form.

1) \_\_\_\_\_  
First Name Last Name

2) \_\_\_\_\_  
First Name Last Name

## **CHILD INFORMATION**

Has/Have your child(ren) participated in Awana before?  Yes  No

Is your family a member of CHBC?  Yes  No

If you checked "no" above, where are you members?  N/A \_\_\_\_\_  
Church Name

Please list any allergies your child(ren) have: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **MEDICAL RELEASE**

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Chisholm Heights Baptist Church representative to secure proper medical treatment, hospitalize, and to order injection, anesthesia, or surgery for my child(ren). I authorize the release of medical information to the health plan indicated or information requested by the health plan to determine the payment of medical benefits.

Signature of responsible party or custodial parent \_\_\_\_\_ Date \_\_\_\_\_

## **PHOTO RELEASE**

I understand that promotional photographs or videos may be taken during Awana and used in print, on our website, or other forms of media. Permission is granted for my child(ren) for photography or video to be used by Chisholm Heights Baptist Church for promotional purposes only.

Signature of responsible party or custodial parent \_\_\_\_\_ Date \_\_\_\_\_



# Registration Form

\*AWANA Dues = \$10.00 (per child). Dues will cover your child's AWANA Annual Program Fee, achievement badges, end of the year awards, store items, & special events.

Clubber's First & Last Name (\$10.00 per child)	Grade	Birth date	Total
1)			
2)			
3)			
4)			
5)			

*If more room is needed, please attach another registration paper.*

Please **CIRCLE** the correct size of vest

<b>CUBBIES - Preschool</b>	Cost	x Quantity	= Total
Cubbies Vest (Child S, M, L, XL)	\$10.00		
Cubbies Book #2 - "Jumper"	\$9.00		

Please **CIRCLE** the correct size of vest

<b>SPARKS - Kindergarten - 2nd Grade</b>	Cost	x Quantity	= Total
Sparks Vest (Child S, M, L, XL)	\$10.00		
Sparks Book #1 - "Hang Glider"	\$10.00		
Sparks Book #2 - "Wing Runner"	\$10.00		
Sparks Book #3 - "Sky Stormer"	\$10.00		

Please **CIRCLE** the correct size of shirt or jersey

<b>TNT - 3rd - 5th Grade</b>	Cost	x Quantity	= Total
TNT 3rd - 4th Grade Adventure Shirt (Child S, M, L, XL)	\$13.00		
TNT 3rd - 4th Grade Adventure Shirt (Adult S, M, L, XL)	\$13.00		
TNT 3rd - 4th Grade Book #1 - "Red Adventure"	\$9.00		
TNT 3rd - 4th Grade Book #2 - "Blue Adventure"	\$9.00		
TNT 5th Grade Challenge Jersey (Child S, M, L, XL)	\$14.00		
TNT 5th Grade Challenge Jersey (Adult S, M, L, XL)	\$14.00		
TNT 5th Grade Book #3 - "Red Challenge"	\$9.00		

	<b>Grand Total (\$) =</b>	
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