



Faith Chapel AWANA



# Registration Form 2017-2018

(Please fill out one form for each child. Required for all including guests and visitors.)

Child's Name \_\_\_\_\_

Gender \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_\_

School \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parents' Names \_\_\_\_\_

Phone Number \_\_\_\_\_ Other Number \_\_\_\_\_

If I can't be reached at the above numbers, in case of emergency please call: \_\_\_\_\_

Parents' Email: \_\_\_\_\_

Allergies/Health Concerns: \_\_\_\_\_

Please share any other information that might help us work with your child. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Please check one.)

We regularly attend church at \_\_\_\_\_.

We regularly attend church at Faith Chapel.

We do not regularly attend church.

I give my child to participate in Faith Chapel's AWANA program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_