



Awana Registration Form
2011-2012

For office use only
Fee received on: \_\_\_\_\_

Please complete both sides of this family registration form. Forms and registration fees may be mailed to the church, dropped off at the Kid Connection office, or turned in at Awana Information (Room 121) on club night. If mailing form, please send to: First Free Church, Kid Connection, 1375 Carman Road, Manchester, MO 63021. Register and pay on or before September 11th to take advantage of discounted club fees!

Parent or Guardian Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Your Church Name: \_\_\_\_\_ Brought by: \_\_\_\_\_

Best email address to contact you: \_\_\_\_\_

No matter what age child you have participating in Awana, you will be assigned to serve as a substitute once or twice during the year. (You are only exempt if you serve regularly in the program.) Please check the appropriate box and sign below:

- I understand and agree to serve when called.
I currently serve in Awana.
I would like to serve in (circle one): Cubbies Sparks Truth and Training

Parent/Guardian Signature

Date

Club Registration Fee: Please make checks payable to First Free Church.

Paid on or before September 11th: \_\_\_\_\_ x \$25 per child = \_\_\_\_\_
# of children amount enclosed

Paid on or after September 11th: \_\_\_\_\_ x \$35 per child = \_\_\_\_\_
# of children amount enclosed

Awana order form also enclosed.

Emergency Information

Emergency Contact (if parent cannot be reached)

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

As parents and/or guardian, I herewith authorize treatment under the direction of any licensed physician of the following minor(s) in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the number(s) listed above.

The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases the First Evangelical Free Church of St. Louis County from any liability therefore. I also understand that ALL medications will be reported to the designated sponsor prior to departure including dosage and frequency of use.

Parent/Guardian Signature

Date

Please turn over and complete the other side

### Child Information

Please use the following to determine which club your child will be entering.

Cubbies: ages 3-pre K (co-ed)

Sparks: grades K-2 (co-ed)

Truth and Training: grades 3-6 (girls/boys)

**Note: Children in Cubbies need to be at least three years old by August 1, 2011.** Because of space constraints, participation in Cubbies is limited. You may register a child for Cubbies if either parent is serving in the Awana or if your child was in Cubbies last year. All others will be placed on a first-come, first-served basis. You will be notified by the Awana Administrative Assistant if your child is put on the waiting list and/or when an opening is available. If your child is placed on the waiting list before September 9th, you will still be entitled to the early-registration discount.

Clubber Name	<input type="checkbox"/> Male	Birthday (MM/DD/YY)	Age	Grade	Club
	<input type="checkbox"/> Female				

Specific medical allergies, chronic illnesses, or other conditions: \_\_\_\_\_

Clubber Name	<input type="checkbox"/> Male	Birthday (MM/DD/YY)	Age	Grade	Club
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	<input type="checkbox"/> Female				

Specific medical allergies, chronic illnesses, or other conditions: \_\_\_\_\_

Clubber Name	<input type="checkbox"/> Male	Birthday (MM/DD/YY)	Age	Grade	Club
	<input type="checkbox"/> Female				

Specific medical allergies, chronic illnesses, or other conditions: \_\_\_\_\_

### Photo Release

I understand that photographs, sound recordings, and/or video recordings of my child(ren) may be taken during First Free Church, Kid Connection events, and that this material may be published or displayed in non-profit publications (including website, photos, videos, audio, brochures, etc.) without limitation, reservation, or compensation.

Parent/Guardian Signature

Date