



Calvary Chapel The Rock
Awana Clubs
2017-2018 Registration

v 2.5

For Office Use Only		Page ___ of ___
Reg date	___/___/20___	
Form of Pmt	_____	
Amt Pd	<input checked="" type="checkbox"/>	
F1 date	<input checked="" type="checkbox"/>	

1	Child's Name: _____	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Age: _____	Birthday: ___/___/20___				
	<input type="checkbox"/> 3's <input type="checkbox"/> 4's	<input type="checkbox"/> K <input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th					
	Allergies/health issues/restrictions: _____ <input type="checkbox"/> ADHD <input type="checkbox"/> Autism <input type="checkbox"/> Anxiety <input type="checkbox"/> Other							
	Who would your child like to be with? (Leader/Friend): _____ If Other: _____							
2	Child's Name: _____	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Age: _____	Birthday: ___/___/20___				
	<input type="checkbox"/> 3's <input type="checkbox"/> 4's	<input type="checkbox"/> K <input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th					
	Allergies/health issues/restrictions: _____ <input type="checkbox"/> ADHD <input type="checkbox"/> Autism <input type="checkbox"/> Anxiety <input type="checkbox"/> Other							
	Who would your child like to be with? (Leader/Friend): _____ If Other: _____							
3	Child's Name: _____	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Age: _____	Birthday: ___/___/20___				
	<input type="checkbox"/> 3's <input type="checkbox"/> 4's	<input type="checkbox"/> K <input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th					
	Allergies/health issues/restrictions: _____ <input type="checkbox"/> ADHD <input type="checkbox"/> Autism <input type="checkbox"/> Anxiety <input type="checkbox"/> Other							
	Who would your child like to be with? (Leader/Friend): _____ If Other: _____							
4	Child's Name: _____	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Age: _____	Birthday: ___/___/20___				
	<input type="checkbox"/> 3's <input type="checkbox"/> 4's	<input type="checkbox"/> K <input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th					
	Allergies/health issues/restrictions: _____ <input type="checkbox"/> ADHD <input type="checkbox"/> Autism <input type="checkbox"/> Anxiety <input type="checkbox"/> Other							
	Who would your child like to be with? (Leader/Friend): _____ If Other: _____							
Annual Registration Fees: \$45 Per Child (\$50 after Aug. 13 th 2017)			Page ___ of ___	<table border="1"> <tr> <td>Total # of children</td> <td>_____</td> </tr> <tr> <td>Total reg fees</td> <td>\$ _____</td> </tr> </table>	Total # of children	_____	Total reg fees	\$ _____
Total # of children	_____							
Total reg fees	\$ _____							
<p>*CHECK: payable to <u>Calvary Chapel The Rock</u> and write '<u>Awana payment</u>' in memo line of check.</p> <p>*CASH: place in envelope and write '<u>Awana Payment</u>'</p>								

Please complete a separate form for additional children.

_____ Please initial here if family information and signature are provided on a separate form.

Dad's Name _____ Dad's Cell _____ Dad's E-mail _____ Living with child?

Mom's Name _____ Mom's Cell _____ Mom's E-mail _____ Living with child?

Home Phone _____ Address _____ City _____ Zip _____

Home Church: Calvary The Rock Other _____ None

If your children have attended Awana elsewhere, please provide the church's name/city so we may retrieve their records: _____

Drop-Off/Pick-Up:

I understand that my child(ren) must be personally escorted to and from his/her leader each week.

Other than parents, who has permission to drop-off/pick-up your child(ren)? _____

Emergency Information and Medical Release: In the event that my child is injured while under the care of the Calvary Chapel The Rock Awana Club and requires medical attention, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary.

Emergency Contact: Name _____ Phone _____ Relationship _____
(If none of the phone numbers listed above can be reached)

Insurance Provider _____ Policy # _____

Doctor's Name _____ Phone _____ Preferred Hospital _____

Liability Release: I understand that participation in Awana carries certain physical risks and do hereby release Calvary Chapel The Rock, Awana Clubs International, and their representatives from any liability due to accident or injury incurred by my child. I also authorize Calvary Chapel The Rock and Awana to publish photos on their websites and brochures for promotional purposes. By signing below, I agree to the terms above and confirm that all the information on this form is true and correct.

Parent/Guardian Signature: _____ Date: _____

Please notify us if any information changes.