

COMMUNITY



AWANA REGISTRATION FORM

1st Child's Name _____

Age _____ DOB _____ Current grade- _____

Allergy/Medical Information _____

2nd Child's Name _____

Age _____ DOB _____ Current grade- _____

Allergy/Medical Information _____

3rd Child's Name _____

Age _____ DOB _____ Current grade- _____

Allergy/Medical Information _____

4th Child's Name _____

Age _____ DOB _____ Current grade- _____

Allergy/Medical Information _____

Parent/Guardian Information:

Name(s) _____

Address _____ State _____ Zip _____

Mailing Address (if different) _____ State _____ Zip _____

Contact Info: Home # _____ Cell # _____

Email _____

Select a Campus (circle one): Walloon East Jordan Alanson

Emergency Contacts (other than parent/guardian listed above):

Name _____

Phone Number _____

Name _____

Phone Number _____