

AWANA PROGRAM REGISTRATION (Multi Child) CLUB YEAR: _____

1. CHILD NAME: _____

CHILD'S BIRTHDATE: _____ AGE: _____ GRADE: _____

ALLERGIES OR SPECIAL NEEDS: _____

CUBBIES _____ SPARKS _____ T&T _____ TREK _____ JOURNEY _____

NEED UNIFORM? YES NO IF YES, Indicate Size: _____

2. CHILD NAME: _____

CHILD'S BIRTHDATE: _____ AGE: _____ GRADE: _____

ALLERGIES OR SPECIAL NEEDS: _____

CUBBIES _____ SPARKS _____ T&T _____ TREK _____ JOURNEY _____

NEED UNIFORM? YES NO IF YES, Indicate Size: _____

3. CHILD NAME: _____

CHILD'S BIRTHDATE: _____ AGE: _____ GRADE: _____

ALLERGIES OR SPECIAL NEEDS: _____

CUBBIES _____ SPARKS _____ T&T _____ TREK _____ JOURNEY _____

NEED UNIFORM? YES NO IF YES, Indicate Size: _____

4. CHILD NAME: _____

CHILD'S BIRTHDATE: _____ AGE: _____ GRADE: _____

ALLERGIES OR SPECIAL NEEDS: _____

CUBBIES _____ SPARKS' _____ T&T _____ TREK _____ JOURNEY _____

NEED UNIFORM? YES NO IF YES, Indicate Size: _____

NEW TO AWANA? (Circle one) YES NO

PARENT/GUARDIAN(S): _____

ADDRESS: _____

PHONE NUMBER: () _____

CELL OR ALTERNATE PHONE NUMBER: () _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT PERSON: _____

EMERGENCY CONTACT PHONE: _____

OTHER THAN THOSE LISTED ABOVE, ANY OTHER ADULT AUTHORIZED TO
PICK UP CHILD? _____

CHURCH YOU ATTEND, if any: _____

\$35 per child or \$100 max per family

AMOUNTS PAID: \$_____

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