

# BBC KIDS AWANA REGISTRATION FORM

Child(ren)'s Information:				
<b>Child #1</b>				
First Name:		Middle Name:	Last Name:	
Birthdate: / /		Age:	Grade:	School Child Attends: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Medical Information:				
Are there any allergies that we need to be aware of?				
Are there any special considerations that we need to be aware of?				
Is your child on any medication? YES / NO If yes, please list below:				
Is there anything else we should know about your child?				
<b>Check ONE:</b>				
<input type="checkbox"/> Cubbies: \$35 (includes vest) <input type="checkbox"/> Cubbies: \$25 (child has vest) <input type="checkbox"/> Sparks: \$40 (includes vest)				
<input type="checkbox"/> Sparks: \$30 (child has vest) <input type="checkbox"/> T&T: \$40 (includes shirt) <input type="checkbox"/> T&T: \$30 (child has shirt) <input type="checkbox"/> B3 Boys: \$50 <input type="checkbox"/> G3 Girls: \$50				

<b>Child #2</b>				
First Name:		Middle Name:	Last Name:	
Birthdate: / /		Age:	Grade:	School Child Attends: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Medical Information:				
Are there any allergies that we need to be aware of?				
Are there any special considerations that we need to be aware of?				
Is your child on any medication? YES / NO If yes, please list below:				
Is there anything else we should know about your child?				
<b>Check ONE:</b>				
<input type="checkbox"/> Cubbies: \$35 (includes vest) <input type="checkbox"/> Cubbies: \$25 (child has vest) <input type="checkbox"/> Sparks: \$40 (includes vest)				
<input type="checkbox"/> Sparks: \$30 (child has vest) <input type="checkbox"/> T&T: \$40 (includes shirt) <input type="checkbox"/> T&T: \$30 (child has shirt) <input type="checkbox"/> B3 Boys: \$50 <input type="checkbox"/> G3 Girls: \$50				

<b>Child #3</b>				
First Name:		Middle Name:	Last Name:	

Birthdate: / /	Age:	Grade:	School Child Attends:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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**Medical Information:**

Are there any allergies that we need to be aware of?

Are there any special considerations that we need to be aware of?

Is your child on any medication? YES / NO If yes, please list below:

Is there anything else we should know about your child?

**Check ONE:**

Cubbies: \$35 (includes vest)
 Cubbies: \$25 (child has vest)
 Sparks: \$40 (includes vest)

Sparks: \$30 (child has vest)
 T&T: \$40 (includes shirt)
 T&T: \$30 (child has shirt)
 B3 Boys: \$50
 G3 Girls: \$50

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**Parent/Guardian Contact Information:**

Mailing Address: Phone Number:

Guardian / Father's Name: Guardian / Mother's Name:

E-Mail Address: E-Mail Address:

Other people authorized to pick up my child(ren):		
Name	Relationship	Phone #
_____		
_____		
_____		

Is there any custodial information that we should be aware of? If so, please list below:

**Other Information:**

I give permission to take my child(ren)'s picture for classroom projects, print, church website, church video's or Facebook?

YES or NO

HOME CHURCH:

**FOR USE BY OFFICE ONLY: PAYMENT/FEES:**

TOTAL DUE:  
\$ \_\_\_\_\_

PAID IN FULL BY: CASH CHECK ONLINE SCHOLARSHIP

NOTES:

All information provided on this form is true and accurate to the best of my knowledge.

Parent/Guardian Signature Printed Date