

Please print, fill out and bring to first night of Awana.

We will have the form at Awana if you can't print and fill out. Thanks.

**AWANA REGISTRATION FORM**

**Balfour Baptist Church**

Childs name _____	Address _____
Home Phone _____	City/State _____
Birth Date ____/____/____	Zip Code _____
Age _____ Grade _____	Parent/Guardian Names _____
Boy _____ Girl _____	_____
Parents mobile # _____	_____
_____	E-mail _____
Church Attending _____	_____

Please check this child's club.

\_\_\_\_\_ Puggles (Age 2&3) \_\_\_\_\_ Cubbies (Ages 3&4) \_\_\_\_\_ Sparks (Grades K-2) \_\_\_\_\_ T&T (Grades 3-6)

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Please list those who are AUTHORIZED to pick up your child from AWANA.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name any person(s) RESTRICTED from picking up your child. If a court order is in effect, be sure we have a current copy on file.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

In case of emergency call (other than parents)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**ALLERGIES:**

\_\_\_\_\_ My child has no food allergies, sensitivities or restrictions.

\_\_\_\_\_ My child has the following food allergies/sensitivities/restrictions:

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Any other medical conditions, concerns, or required medications/inhalers/treatments needed should be listed below:

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I \_\_\_\_\_ (parent/guardian name) give Balfour Baptist church permission to photograph/video my child \_\_\_\_\_ (child's name) for the use of promotion of AWANA on the church website, and on social media accounts.