

AWANA 2009-2010 REGISTRATION

Today's Date _____

Parent/Guardian Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

Email Address _____

Emergency Contact Name _____

Emergency Contact Phone #s _____

Are you working in AWANA? Yes No If yes, what area? _____

Are you a member of FBC St. Bethlehem? Yes No

If not a member of FBCSB, do you regularly attend church? Yes No

If yes, where? _____

Are you a military family? Yes No

How did you find out about our AWANA?

At Church Someone invited me VBS Other _____

Who has permission to pick your child(ren) up from AWANA?

NOTE: FBCSB is committed to providing the safest learning environment for our children and our volunteers.

Only authorized adults will be permitted to pick up children from AWANA.

Siblings, minor friends, teens, etc. will not be permitted to pick up children from AWANA, nor will children be allowed to leave their classroom unescorted by an authorized adult.

We thank you in advance for partnering with us to ensure we provide the safest learning environment possible for our children!

Child's Names	Gender M or F	Date of Birth MM/DD/YY	Current Grade	Allergies, Medical, Special Needs (use back of form if needed)