

MVEFC AWANA FAMILY REGISTRATION 2011-2012

Last Name _____

Parent's Names _____

Address _____

City, Zip _____

Home Phone _____ Cell Phones _____

E-mail Addresses _____

Home Church _____

		Child 1	Child 2	Child 3	Child 4
Child(ren)'s name					
		Boy/Girl	Boy/Girl	Boy/Girl	Boy/Girl
Cubbies Reg. Fee	\$25.00				
Cubbies Vest	\$12.00				
Cubbies Book	\$10.00				
Cubbies Bag †	\$7.00				
Sparks Reg. Fee	\$25.00				
Sparks Vest	\$13.00				
Sparks Book	\$11.00				
Sparks Bag †	\$6.00				
T&T Reg. Fee	\$25.00				
T&T Shirt	\$17.00				
T&T Book	\$10.00				
T&T Bag †	\$5.00				
Grand Prix Car (Block) †	\$4.00				
Grand Prix Indy Car †	\$6.00				
Grand Prix Stock Car †	\$6.00				
Total per child		+	+	+	+
Would you like to donate to the scholarship fund?				Amount	+
Family Total					

†These items are optional

Date Paid _____ Check # _____

Please let us know if you are in need of a scholarship or need to make payment arrangements. Your situation will be held in confidence.

child 1

Name _____ Birthdate _____ Grade _____

Allergies? _____ If yes, special instructions _____

Has your child attended AWANA before? _____ Last book completed _____

child 2

Name _____ Birthdate _____ Grade _____

Allergies? _____ If yes, special instructions _____

Has your child attended AWANA before? _____ Last book completed _____

child 3

Name _____ Birthdate _____ Grade _____

Allergies? _____ If yes, special instructions _____

Has your child attended AWANA before? _____ Last book completed _____

child 4

Name _____ Birthdate _____ Grade _____

Allergies? _____ If yes, special instructions _____

Has your child attended AWANA before? _____ Last book completed _____

Who may pick up your child(ren) other than you/your spouse? _____

Emergency Contact _____ Relation to children _____

Home Phone _____ Cell Phone _____

I would like more information on helping in AWANA! Please call me. (Check box to be contacted)

MEDICAL & PHOTOGRAPH RELEASE

1. I _____ being the parent or legal guardian to the above listed child(ren), hereby give my consent to the authorized parties of Mountain View Evangelical Free Church for emergency, medical, and surgical treatment of this minor in a licensed hospital by a licensed physician should his/her condition so require it in my absence. I understand that in such a case, reasonable attempts would first be made to contact me (time and conditions permitting). As long as the medical or surgical treatments considered necessary in the situations is in accordance with generally accepted standards or medical practice for the particular type of injury or illness involved, I impose no specific limitations or prohibitions regarding treatment.
2. I grant permission for a photo of my child(ren) to appear in an unpublished directory to be used by Awana Leaders only.
3. I GRANT ___/DO NOT GRANT ___ permission for photo(s) of my child(ren) to appear, among other general club photos as long as there is no identifying information, on the Mountain View Awana web site at <http://www.mountainviewawana.org>.

Signed _____ Date _____