

***This form MUST be filled out completely and returned to the church before your child will be allowed to attend AWANA.***

## **AWANA Registration Form - 2024-25**

Thank you for sending your child to the AWANA program at Immanuel Baptist Church. It is important that we maintain accurate parent and emergency information for your child's safety.

Child's name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

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Child's name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Alt phone. \_\_\_\_\_

*We will attempt to text you any cancellations. Also watch our IBC Awana Clubs Facebook Page.*

e-mail address \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Emergency contact (If parents can't be reached) \_\_\_\_\_

Name

Phone

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Specific medical allergies, chronic illnesses, or other condition \_\_\_\_\_

***For the safety of your children PLEASE COME INTO the building to pick up and drop off your child!***

To Whom it May Concern:

As Parent and/or Guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor of the above minor in the event of a medical emergency, which in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence for the AWANA year, September 11, 2024 through April 23, 2025.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please circle: *Father* *Mother* *Guardian*