

AWANA REGISTRATION FORM 2008 - 2009

CLUB _____

NAME _____

ADDRESS _____

PHONE _____

BIRTH DATE _____ **AGE** _____ **GRADE** _____

SCHOOL ATTENDING _____

CHURCH ATTENDING _____

DOES YOUR CHILD HAVE ANY ALLERGIES? _____

MEDICATION? _____ **FOOD?** _____

(PLEASE LET OUR COMMANDER OR LEADER KNOW AS SOON AS POSSIBLE)

PARENT'S NAME _____

ADDRESS _____

CHURCH ATTENDING _____

LANGUAGE SPOKEN IN HOME _____

LANGUAGE(S) SPOKEN BY CHILD _____