



**No Handwritten Registrations Will Be Accepted**  
If Registering More Than 3 Children Please Use Additional Forms

**Office Use Only**

Total Amount Paid \$ \_\_\_\_\_  
Kiosk  Online  Square   
Receipt Attached  Verified

Leader
--------

**Child 1**

**Assigned Club:** \_\_\_\_\_

Name \_\_\_\_\_ M  F  Age \_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade \_\_\_\_\_

Allergy / Health / Behavioral Issues

Merchandise Received

Uniform  Book  Bag/Other

**Child 2**

**Assigned Club:** \_\_\_\_\_

Name \_\_\_\_\_ M  F  Age \_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade \_\_\_\_\_

Allergy / Health / Behavioral Issues

Merchandise Received

Uniform  Book  Bag/Other

**Child 3**

**Assigned Club:** \_\_\_\_\_

Name \_\_\_\_\_ M  F  Age \_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade \_\_\_\_\_

Allergy / Health / Behavioral Issues

Merchandise Received

Uniform  Book  Bag/Other

**Snacks**

We sometimes serve snacks at Awana. Every child is also offered water. Besides water, do we have your permission to give your child snacks provided by NBCF?

If you check NO, Please provide snacks each week for your child.

Child 1	Child 2	Child 3
<input type="checkbox"/> <b>YES</b> , It is <b>OK</b> to serve my child NBCF snacks	<input type="checkbox"/> <b>YES</b> , It is <b>OK</b> to serve my child NBCF snacks	<input type="checkbox"/> <b>YES</b> , It is <b>OK</b> to serve my child NBCF snacks
<input type="checkbox"/> <b>NO</b> , It is <b>NOT OK</b> to serve my child NBCF snacks	<input type="checkbox"/> <b>NO</b> , It is <b>NOT OK</b> to serve my child NBCF snacks	<input type="checkbox"/> <b>NO</b> , It is <b>NOT OK</b> to serve my child NBCF snacks

**Parent / Legal Guardian Information**

Name 1 \_\_\_\_\_  
Relationship to child(ren) \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Church \_\_\_\_\_

**Parent / Legal Guardian Information**

Name 2 \_\_\_\_\_  
Relationship to child(ren) \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Church \_\_\_\_\_

# Awana Registration & Release 2018 - 2019

- Page 2 -

Child 1	Child 2	Child 3

## Emergency Contact Information

Contact 1	Contact 2
Name 1 _____ Relationship to child(ren) _____ Phone: Home _____ Cell _____	Name 2 _____ Relationship to child(ren) _____ Phone: Home _____ Cell _____

**Is anyone legally restricted from being in contact with any of your children?**    YES    NO

If YES, give Full Name \_\_\_\_\_ Which Child? \_\_\_\_\_

## MEDICAL RELEASE

As a parent/legal guardian of the child(ren) registered for Awana on this form, I authorize the administration of emergency medical treatment for them during the 2018 - 2019 program. I understand that all reasonable safety precautions will be taken at all times by New Beginnings Christian Fellowship and/or its agents.

I also understand that in the event of a medical emergency, every attempt will be made to contact me, and/or any other emergency contact listed below.

I will not hold New Beginnings Christian Fellowship or its agents liable for any accident, injury, or disease incurred to/by my child(ren) while they are attending Awana.

This consent will be in effect for the duration of New Beginnings Christian Fellowship's 2018 - 2019 Awana program.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## PHOTO RELEASE

As a parent/legal guardian of the child(ren) registered for Awana on this form, I give permission to NBCF to use photographs or video taken of my child(ren), during the 2018 - 2019 Awana year for use in Awana and NBCF publications such as brochures, newsletters, display boards and other print publications, as well as electronic versions of the publications and the NBCF and Awana web sites for the purpose of promoting the Awana ministry and activities at NBCF.

## COMMUNICATION RELEASE

By sharing my email address and phone number, I authorize NBCF to communicate information regarding the Awana program, electronically and by phone.

By my signature below, I acknowledge that I have read and understand the above releases. I confirm that the information provided above on this form is correct.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parent Participation

Parents are encouraged to volunteer in the Awana program. Please indicate if you are interested in participating in the program with your child(ren):    YES    NO