

# AWANA Registration Form ♦ Evangelical Free Church ♦ [www.efccl.org](http://www.efccl.org)

## Questions? Contact Eileen Palsgrove (815) 459-1095 ext. 29

### Family Information

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_, IL

Zip Code \_\_\_\_\_ Home phone: \_\_\_\_\_

Emergency cell phone number? \_\_\_\_\_

Email \_\_\_\_\_

Brought to club by: \_\_\_\_\_

Church you attend: \_\_\_\_\_

For office use:	
Dues	\$ _____
Uniform	\$ _____
Books	\$ _____

PARENTS WE NEED YOUR HELP. Please indicate an area where you can

Serve: Leader (Full or Part Time) \_\_\_\_\_ Nursery \_\_\_\_\_ Special Activities \_\_\_\_\_

<p>#1 Child's First name _____</p> <p>Nickname? _____</p> <p>Last name if different from parent: _____</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p><input type="radio"/> Cubbies (3&amp;4)</p> <p><input type="radio"/> Sparks (K-2nd)</p> <p><input type="radio"/> T&amp;T (3-6th)</p> <p><input type="radio"/> JV-Varsity (7-12th)</p>	<p>Entering Grade _____</p> <p>Age at Sept 1 _____</p> <p>Date of Birth: _____ / _____ / _____</p>
<p>Medical Information: List any allergies, medical conditions, medication of any kind that this child is taking, as well as anything about the child that would be important for their leader to know.</p>		

<p>#2 Child's First name _____</p> <p>Nickname? _____</p> <p>Last name if different from parent: _____</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p><input type="radio"/> Cubbies (3&amp;4)</p> <p><input type="radio"/> Sparks (K-2nd)</p> <p><input type="radio"/> T&amp;T (3-6th)</p> <p><input type="radio"/> JV-Varsity (7-12th)</p>	<p>Entering Grade _____</p> <p>Age at Sept 1 _____</p> <p>Date of Birth: _____ / _____ / _____</p>
<p>Medical Information: List any allergies, medical conditions, medication of any kind that this child is taking, as well as anything about the child that would be important for their leader to know.</p>		

<p>#3 Child's First name _____</p> <p>Nickname? _____</p> <p>Last name if different from parent: _____</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p><input type="radio"/> Cubbies (3&amp;4)</p> <p><input type="radio"/> Sparks (K-2nd)</p> <p><input type="radio"/> T&amp;T (3-6th)</p>	<p>Entering Grade _____</p> <p>Age at Sept 1 _____</p> <p>Date of Birth: _____ / _____ / _____</p>
<p>Medical Information: List any allergies, medical conditions, medication of any kind that this child is taking, as well as anything about the child that would be important for their leader to know.</p>		

Additional children? See back.

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#4 Child's First name \_\_\_\_\_  Male  Female Entering Grade \_\_\_\_\_  
 Nickname? \_\_\_\_\_  Cubbies (3&4) Age at Sept 1 \_\_\_\_\_  
 Last name if different from parent: \_\_\_\_\_  Sparks (K-2nd) Date of Birth: \_\_\_\_\_  
 \_\_\_\_\_  T&T (3-6th) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_  JV-Varsity (7-12th) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Medical Information: List any medical conditions, medication of any kind that this child is taking, as well as anything about the child that would be important for their leader to know.

Physician's name and phone number: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

#5 Child's First name \_\_\_\_\_  Male  Female Entering Grade \_\_\_\_\_  
 Nickname? \_\_\_\_\_  Cubbies (3&4) Age at Sept 1 \_\_\_\_\_  
 Last name if different from parent: \_\_\_\_\_  Sparks (K-2nd) Date of Birth: \_\_\_\_\_  
 \_\_\_\_\_  T&T (3-6th) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_  JV-Varsity (7-12th) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Medical Information: List any allergies, medical conditions, medication of any kind that this child is taking, as well as anything about the child that would be important for their leader to know.

Physician's name and phone number: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

#6 Child's First name \_\_\_\_\_  Male  Female Entering Grade \_\_\_\_\_  
 Nickname? \_\_\_\_\_  Cubbies (3&4) Age at Sept 1 \_\_\_\_\_  
 Last name if different from parent: \_\_\_\_\_  Sparks (K-2nd) Date of Birth: \_\_\_\_\_  
 \_\_\_\_\_  T&T (3-6th) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_  JV-Varsity (7-12th) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Medical Information: List any allergies, medical conditions, medication of any kind that this child is taking, as well as anything about the child that would be important for their leader to know.

Physician's name and phone number: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

#7 Child's First name \_\_\_\_\_  Male  Female Entering Grade \_\_\_\_\_  
 Nickname? \_\_\_\_\_  Cubbies (3&4) Age at Sept 1 \_\_\_\_\_  
 Last name if different from parent: \_\_\_\_\_  Sparks (K-2nd) Date of Birth: \_\_\_\_\_  
 \_\_\_\_\_  T&T (3-6th) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_  JV-Varsity (7-12th) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Medical Information: List any allergies, medical conditions, medication of any kind that this child is taking, as well as anything about the child that would be important for their leader to know.

Physician's name and phone number: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_