

MVEFC AWANA FAMILY REGISTRATION 2019-2020

Cubbies, Sparks and T&T

Last Name: _____

Parent's Names: _____

Address: _____ City, Zip: _____

Home Phone: _____

Mom: Cell Phone: _____ Email: _____

Dad: Cell Phone: _____ Email: _____

Home Church: _____

		Child 1	Child 2	Child 3	Child 4
Child(ren)'s Name					
		Boy / Girl	Boy / Girl	Boy / Girl	Boy / Girl
Cubbies Registration Fee	\$15				
Cubbies Vest	\$15				
Cubbies Book	\$15				
Sparks Registration Fee	\$15				
Sparks Vest	\$15				
Sparks Book	\$15				
T&T Registration Fee	\$15				
T&T Shirt	\$15				
T&T Book	\$15				
Grand Prix Car (block) **	\$5				
Grand Prix Truck **	\$7				
Grand Prix Indy Car **	\$7				
Grand Prix Stock Car **	\$7				
Total Per Child		\$ +	\$ +	\$ +	\$ +
Would you like to donate to the scholarship fund?				Amount:	\$ +
** These items are optional, and may be purchased at a later date.				Family total	\$

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.

PLEASE COMPLETE THE INFORMATION ON THE BACK

MVEFC AWANA FAMILY REGISTRATION continued...

Child 1
 Name: _____ Birthday: _____ Grade: _____
 Allergies: _____
 If yes, special instructions: _____
 Has your child attended AWANA before? _____ Last book completed: _____

Child 2
 Name: _____ Birthday: _____ Grade: _____
 Allergies: _____
 If yes, special instructions: _____
 Has your child attended AWANA before? _____ Last book completed: _____

Child 3
 Name: _____ Birthday: _____ Grade: _____
 Allergies: _____
 If yes, special instructions: _____
 Has your child attended AWANA before? _____ Last book completed: _____

Child 4
 Name: _____ Birthday: _____ 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 name 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 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: _____