

**MVEFC AWANA FAMILY REGISTRATION 2020-2021**

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
		_____	_____	_____	_____
		<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Boy <input type="checkbox"/> 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				
Trek Registration Fee	\$15				
Trek Book	\$15				
Journey Registration Fee	\$15				
Journey Book	\$20				
Total Per Child		\$	\$	\$	\$
Would you like to donate to the scholarship fund?				Amount	\$
				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.

If it became necessary, do you have access to technology for your clubber to participate remotely? (For example, computer or smart phone and internet access for Zoom meetings).  Yes  No

**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 website at <http://www.mountainviewawana.org>.

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