

**AWANA Registration**  
**Rose Drive Friends Church**

OFFICE USE ONLY	
Date Rec'd	___/___/___
Amount Paid \$	_____
Pymt Method	
Fall	Spring

\_\_\_\_\_  
Last Name

Primary Guardian Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address: \_\_\_\_\_  
Street
City
Zip

Secondary Guardian Name: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

I would like to Volunteer:			
Puggles	<input type="checkbox"/>	Cubbies	<input type="checkbox"/>
Sparks	<input type="checkbox"/>	T&T	<input type="checkbox"/>

<b>CHILD #1</b>		
NAME _____	F	M
BIRTHDAY _____	AGE _____	GRADE _____
SCHOOL _____		
HOME CHURCH _____		
<input type="checkbox"/> Child needs a uniform		
<input type="checkbox"/> Allergy / Special Need: _____		

<b>CHILD #2</b>		
NAME _____	F	M
BIRTHDAY _____	AGE _____	GRADE _____
SCHOOL _____		
HOME CHURCH _____		
<input type="checkbox"/> Child needs a uniform		
<input type="checkbox"/> Allergy / Special Need: _____		

<b>CHILD #3</b>		
NAME _____	F	M
BIRTHDAY _____	AGE _____	GRADE _____
SCHOOL _____		
HOME CHURCH _____		
<input type="checkbox"/> Child needs a uniform		
<input type="checkbox"/> Allergy / Special Need: _____		

**PERMISSION SLIP**

Initial      The undersigned being the parent or legal guardian of the named children hereby saves and holds harmless Rose Drive Friends Church and youth sponsors, jointly, severally, personally and each and every one of them from acts or act and claims or liabilities arising from the participation of said children in the activities and field trips as described below: Awana classroom and outdoor activities or those resulting from the transportation of said children to said activity or from said activity. The undersigned hereby authorizes the correct authorities to consent to any medical care, treatment, or surgery which may be necessary due to any personal injury or illness of said children while attending said activity or while enroute to or from said activity.

Initial      Your signature below grants permission for Rose Drive Friends Church to use video, photographs and/or slides of your child for publicity purposes.

Emergency Contact Name	Phone Number
Signature	Date

<b>AWANA FEES</b>		<b>Totals</b>
Registration Fee \$50 per child (\$25 per semester)		\$ _____
Uniforms: <input type="checkbox"/> Cubbie Vest (\$10) <input type="checkbox"/> Sparks Vest (\$10) <input type="checkbox"/> T&T Shirt (\$15)		\$ _____
Volunteer Discount: \$10 discount available per family per semester (4 sessions minimum per semester)		\$ -
Scholarship Donation for Awana families in hardship		\$ _____
<b>Total Payment</b>		<b>\$ _____</b>