

Family Last Name			
Parent/Guardian First Name			
Street Address			
Mailing Address			
City	Province	P	Postal Code
Home Telephone Number		Cell Number	
E-mail Address			
	Family Members Atten	ding AWANA This Year	
First Name (Last Name, If Different)	Birth Date M D Y	B G Grade	Allergies Or Health Issues
1			
2			
3			
4			
5			
In Case Of Emergency, Please Co	ontact		
Emergency Contact Phone Numb	er		
Home Church (if any)			
Thank you for allowing your child to the children through the teach seek to do so in an atmosphere with the safety measure that we have	ing of God's Word, Scrip where each child feels sa	ture memorization, gam	es and other fun events; we
As a part of our AWANA program. We occassionally use some of the program. Please note that we DC safe child policy. It is possible the preference.	e picture on our website  NOT associate a child's	and Facebook page as value and Facebook page as value and pictures	ve promote our AWANA that are used as a part of our
Yes, you may include picture No, we would rather you no			
Signature of Parent/Guardian:		Date:	



Dear Parent(s) or Guardian(s):

To help you determine the cost of AWANA for your child(ren), please fill out the following information. Make cheques payable to AWANA. (We are unable to process debit or credit card payments at this time.)

Child's Name		Quantity	Price Of Item	Amount
	Cubbies (Ages: 3-4 year olds)		Vest - \$18	
			Handbook - \$15	
	Sparks (Kindegarten,		Vest - \$18	
	Grades 1-2)		Handbook - \$15	
	T&T (Grades 3-4)		T-shirt - \$22	
			Handbook - \$15	
	T&T (Grades 5-6)		T-shirt - \$22	
	Text (Grades 3-0)		Handbook - \$15	
	Trek (Grades 7-8)		T-shirt - \$22	
			Manual - \$15	
Registration Fee: \$40				
			Total	
			-	-

Please	Print
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Name of Parent(s) or Guardian(s):

Office Use Only:			
Paid			
Scholarship			
•	<del></del>		