



Dear Parent or Guardian,

Thank you for your interest in registering your child(ren) in the North York Gospel Chapel AWANA program. Please fill in the information below and bring this form with you to club registration. This form is for a whole family so if you have more than one child, all can be put on one form. Remember to fill in the back of the form (pg2) also. If you are uncertain about any information, please let us know and we'll gladly help you fill it out. Registration fee per child is \$25. Uniform fee per child is \$11 (if needed). Please be advised that your child(ren) is/are not registered until registration fee is paid.

(Please see the Awana Commander if finances will keep you from registering your child(ren).)

FAMILY'S LAST NAME: _____

CHILD'S LAST NAME (IF DIFFERENT): _____

FATHER/MOTHER FULL NAME(S): _____

ADDRESS: _____ **CITY:** _____ **ZIP CODE:** _____

CELL PHONE: ____ - ____ - ____ **EMAIL:** _____ **PHONE:** ____ - ____ - ____

Please chose your communication preference for NYGC Awana Club Announcements/CLOSINGS:

- TEXT**, please provide **Cell carrier** (required): _____
- EMAIL**
- PHONE CALL**

HOME CHURCH: _____

CHILDREN'S INFORMATION:

FULL NAME	GRADE	BIRTH DATE	AGE	GENDER	UNIFORM SIZE (if child already has uniform select N/A)
					S - M - L - XL - N/A
					S - M - L - XL - N/A
					S - M - L - XL - N/A
					S - M - L - XL - N/A
					S - M - L - XL - N/A
					S - M - L - XL - N/A
					S - M - L - XL - N/A
					S - M - L - XL - N/A

Note: if your child(ren) have participated in Awana elsewhere, please provide name of last book(s) completed per child.

Please list any and all allergies, medical conditions and any medications being taken that we should be aware of.

Who is authorized to pick up your child on a weekly basis? Must be 18 years old or older. Please provide a working cell phone number for each person:

NAME: 1.	CELL PHONE: 1.
2.	2.
3.	3.

Emergency contact name: _____

Phone: _____ Cell/Mobile: _____

Doctor's name: _____ Doctor's phone: _____

MEDICAL RELEASE

In case parent/guardian cannot be reached during an Emergency, I(we) the undersigned give permission for our child to be treated by a licensed physician, and for said physician to administer whatever care is necessary, including anesthesia, for their safety and care.

Parent / guardian signature _____
date

PHOTO VIDEO RELEASE FOR MINOR

I, as parent / guardian with legal responsibility for child (ren) listed on this form, hereby grant North York Gospel Chapel of York, P.A., the perpetual right to use photographs or video taken of my child/ dependant for any legitimate purpose without compensation to my child / dependent, myself, or my childs/ dependants heirs, executors, or assigns. Legitimate purpose may include, but are not limited to, advertising on the web, in newspapers, magazines, internal publications, displayed prints, special events, curriculum, etc.

Parent / guardian signature _____
date

AWANA CLUB RULES & EXPECTATIONS

By signing below, you as parent/ guardian indicate that you have read the information on clubber rules and expectations in the NYGC AWANA CLUB RULES. As parent/ guardian you will do your part to ensure your clubber understands and follows the rules and expectations. As a parent/ guardian, you also have the responsibility to help your child at home with their hand books.

Parent / guardian signature _____
date