

MVEFC AWANA FAMILY REGISTRATION 2022-2023

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. Do you grant permission for your child(ren) to have their photos used for the following?
 - a. Sent with club emails (only for active registered families)? I grant / do not grant
 - b. Used for a slide show to be shown to Mountain View Church? I grant / do not grant
 - c. Posted to the Mountain View Awana Website? I grant / do not grant

Signed: _____ Date: _____