

# FCC AWANA FAMILY REGISTRATION 2019-2020

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

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_

City, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phones \_\_\_\_\_

E-mail (Please print clearly) \_\_\_\_\_

Home Church \_\_\_\_\_

Date		Child 1	Child 2	Child 3	Child 4
List Child's Name					
Cubbies Reg. Fee	\$35.00				
Cubbies Vest	\$13.00				
Cubbies Book	\$12.00				
Cubbies Bag	\$12.00				
Sparks Reg. Fee	\$35.00				
Sparks Vest	\$13.00				
Sparks Book	\$12.00				
Sparks Bag	\$12.00				
T&T Reg. Fee	\$35.00				
T&T Adventure Shirt Size _____	\$20.00				
T&T Book	\$12.00				
T&T Bag	\$12.00				
Trek Reg. Fee	\$35.00				
Trek Shirt Size ____	\$20.00				
Trek Book	\$12.00				
Journey Reg. Fee	\$35.00				
Journey Books	\$12.00				
Total per child			+	+	
	+	+			
Would you like to donate to the scholarship fund? Amount		+			
Family Total					

Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

At Fellowship Community Church, cost will never be a factor in your child/children attending our club. Please contact Dave Bruscher at 303-928-7110 if you are in need a scholarship, or to arrange a payment plan. Your situation will be held in confidence. **OVER**



**Child 1**  
Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
Food Allergies? \_\_\_\_\_ If, yes special instructions \_\_\_\_\_  
Has your child attended AWANA before? \_\_\_\_\_ Last book completed \_\_\_\_\_

**Child 2**  
Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
Food Allergies? \_\_\_\_\_ If, yes special instructions \_\_\_\_\_  
Has your child attended AWANA before? \_\_\_\_\_ Last book completed \_\_\_\_\_

**Child 3**  
Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
Food Allergies? \_\_\_\_\_ If, yes special instructions \_\_\_\_\_  
Has your child attended AWANA before? \_\_\_\_\_ Last book completed \_\_\_\_\_

**Child 4**  
Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
Food Allergies? \_\_\_\_\_ If, yes special instructions \_\_\_\_\_  
Has your child attended AWANA before? \_\_\_\_\_ Last book completed \_\_\_\_\_

Who may pick up your children other than you? \_\_\_\_\_

If unable to reach you whom may we contact?

Emergency Contact (other than parents): \_\_\_\_\_

Emergency Contact Home Phone: \_\_\_\_\_

Emergency Contact Cell Phone: \_\_\_\_\_

Would you be willing to help occasionally? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Medical Release**

I \_\_\_\_\_ being the parent or legal guardian to the above listed child/children hereby give my consent to the authorized parties of Fellowship Community 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 treatment considered necessary in the situation is 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.

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