



AWANA REGISTRATION

Southridge Community Church

Lloydminster, AB 780-875-8929

Name of Child: _____ Address: _____

City: _____ Postal Code: _____

Birthday (MM/DD/YY) : _____ Age: _____ Grade: _____ Boy _____ Girl _____

Church You Attend (If Any): _____

Mom's Name: _____ Cell: _____ Email: _____

Dad's Name: _____ Cell: _____ Email: _____

In Case of Emergency (other than parent): _____ Cell: _____

Allergies: _____ Medications: _____

Medical Conditions (Physical, Emotional, Mental): _____

Health Care Number: _____ Family Dr. _____

Anything you want us to know about your child so that we can best support them:

I, _____ (parent/guardian) give permission that photos may be taken of my child for Club purposes (slideshows, club projects, AWANA Facebook).

I, _____ (parent/guardian) give permission for my child to participate in online events.

If funding is a problem, please let us know and we have sponsorship available

Parent/Guardian Signature _____ Date: _____