AWANA REGISTRATION
The Chapel

Child's Name_____

Date of Birth (M/D/Y)_____ ☐ Male ☐ Female

Age_____ Grade _____ School_____

Parent's Names _____

Address _____

City _____ Zip Code _____

Telephone No. (home) _____ (cell) _____

Email Address: _____

Home Church: _____

Allergies/Health Information: _____

Names of siblings in our club program: _____

Invited to AWANA by: _____

Today's Date:_____

CLUB
☐ Sparks
☐ Girls Truth-n-Training
☐ Boys Truth-n-Training

**Dismissal: Sparks (K-2nd) must be picked up by an adult, from their color group rooms. T&T clubbers (3rd-5th) are dismissed from their classrooms at 8:00 PM. Please contact a director if there are specific pick-up situations of which we need to be aware.

Parent/Guardian Signature:_____

I hereby give The Chapel permission to photograph my child and to use the photos for the promotion and marketing of The Chapel, EFC only. ☐ **YES** ☐ **NO**

Please make checks payable to The Chapel ($25.00 per child/$50.00 max per family).

Scholarships Available. Please see Mark Dine or Carla Penner (Office use only) pd.____ ck. ____

updated 8/23/2016

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