

WEDNESDAYS @ WEST SIDE

4 year olds—5th Grade Registration 09-10



For Official Use only	<input type="checkbox"/> Cubbies <input type="checkbox"/> Sparks <input type="checkbox"/> T & T Girls <input type="checkbox"/> T & T Boys
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This form is required for your child to participate during our Awana program. A separate form is necessary for each child. Please fill out completely in pen, then sign and return, along with any enrollment fees (see below). By completing this form, I give permission for my child to participate in all the activities of the West Side Church Awana Club.

Clubber's Name: _____ **M/F:** _____ **Grade:** _____ **Age:** _____ **Birthday:** _____
(Cubbies must be 4 by Sept 1)

Parent's or Guardian's Name: _____ **Phone:** _____ **Cell(s):** _____

Address: _____ **City:** _____ **Zip:** _____

e-mail address: _____ **Church:** _____

Family Physician: _____ **Phone:** _____

Family Dentist: _____ **Phone:** _____

Medical History (allergies, chronic illnesses, other conditions): _____

Emergency contact: Name: _____ **Phone(s):** _____ **Relationship:** _____

On Wednesday nights, I can be reached at: _____ **Phone:** _____ **Cell:** _____

Assisting at AWANA: Please check one: I interested in helping at AWANA. Please Call _____ I am unavailable to help Wed. nights _____.
Ministry to children is subject to 6 months involvement at West Side and a background clearance.

Photo Release: Occasionally photos of kids are used to review our AWANA year or to promote our club. If you **DO NOT** want your child's photo displayed, please initial _____.

Medical Release

To whom it may concern: As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above-named minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undo discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. The dates covered by this release are September 16, 2009 through May 6, 2010.

Signed: _____ Date: _____
 Parent or Legal Guardian

AWANA CLUBS AND PRICES

Individual Registrations: \$22

Family Registraton (2 or more): \$40



Cubbies
 Age 4 by Sept 1

- Handbook: \$9
- Vest: \$11



Sparks
 K-2nd Grade

- Handbook: \$9
- Vest: \$11



T & T
 3-5th Grade

- Handbook: \$9
- T-Shirt: \$14.50

Checks can be made out to West Side Church.

Please fill out the form on the back to complete your enrollment.

Clubber's Name: _____ **Club:** _____

Item	Cost	Check those that apply	Amount paid	Special notes
Individual Registration	\$22.00 <i>(\$11 after Jan.1)</i>			
Family Registration 2 or more	\$40.00 <i>(\$20 after Jan. 1)</i>			
Cubbies Handbook *	\$9.00			
Vest *	\$11.00			
Sparks Handbook *	\$9.00			
Vest *	\$11.00			
Truth & Training Handbook *	\$9.00			
T-Shirt *	\$14.50			
TOTAL				

*Checks may be made out to West Side Church.
* Handbooks and Uniforms are awarded after the child passes their entrance booklet.*

FOR OFFICIAL USE ONLY			
Method of payment: Cash/Check (circle one) Check number _____ Received by _____ Date _____			