



**First Baptist Church of Moreland**  
 AWANA Clubs Registration/Information Form  
 2009/2010  
 Complete all 4 pages and bring to registration table



Director/Leader

**Child's Name** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Mother's Name** \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_

(F)Contact Numbers H \_\_\_\_\_ W \_\_\_\_\_ C \_\_\_\_\_

(M)Contact Numbers H \_\_\_\_\_ W \_\_\_\_\_ C \_\_\_\_\_

Email Address \_\_\_\_\_

**Member of First Baptist Church of Moreland** Yes No  
 If not, name of Church you Attend \_\_\_\_\_

**Previous AWANA Experience** Yes No  
 Club Attended and Handbook Used \_\_\_\_\_

**PLEASE CIRCLE UNIFORM SIZE**

\*\*We encourage you to obtain a larger uniform for your child if you intend for him/her to wear it more than one year.

Puggles (2-3 years old)	2T	3T	4T	5T	6T				
Cubbies (3 years to Preschool)	4	5	6	8	10				
Sparks (K to 2 <sup>nd</sup> grade)	12	14	16						
T&T (3 <sup>rd</sup> to 5 <sup>th</sup> grade)	10	12	14	16	AS	AM	AL	AXL	

**Awana Administration Only:**

Club:	Puggles	Cubbies	Sparks B/G	T&T B/G
Registration Fee Paid:	\$	cash / check:		Date:
	\$	cash / check:		Date:
	\$	cash / check:		Date:
Team Color:	Group Number:			
Guest of:				

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Child's Name:	Allergies:
Special Instructions:	

**Emergency Contact Information:**

\*must be different from above

Contact's Name:	
Relation to Child:	
Home Phone:	
Cell Phone:	
Contact's Name:	
Relation to Child:	
Home Phone:	
Cell Phone:	

**Parent/Guardian's Authorization:**

Adults Authorized to Pick Up Your Child:	

By signing below, you state that your child's registration information is accurate, your child is authorized to participate in the club, and you will adhere to the parent handbook. Though signed in, your child is still under your supervision until Opening Ceremony begins (or club doors are opened and teachers begin receiving children for Puggles). FBC Moreland reserves the right to ID any adult before releasing a child.

Parent/Guardian Signature:	Date:

Photographs are sometimes taken of the children & preschool ministry for publicity and promotional purposes, which include, but are not limited to, in-house presentations, church web sites, newspapers, brochures and newsletters. Children's names or information are never used without specific permission. By signing this area, you are releasing FBC Moreland to use photographs of your child as stated above.

Signature of Parent/Guardian:	Date:

**Notes/Updates**

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# First Baptist Church of Moreland Awana Emergency Information Form

Date Completed \_\_\_\_\_

**Instructions To Parents:**

(1) Complete all items on this side of the form. Sign and date where indicated.

(2) If your child has a medical condition which might require emergency medical care, complete the back side of the form.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY OR IF CHANGES ARE MADE CONCERNING THIS CHILD.

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**When parents cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:**

1. Name \_\_\_\_\_  
Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Address \_\_\_\_\_

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2. Name \_\_\_\_\_  
Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Address \_\_\_\_\_

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3. Name \_\_\_\_\_  
Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Address \_\_\_\_\_

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**In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person from FBC Moreland to have your child transported to that hospital and receive treatment.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Updates \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_  
Include initials and date

**INSTRUCTIONS TO PARENT:**

(1) Complete the following items, as appropriate, if your child HAS a condition(s) which might require emergency medical care.

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_

Medications currently being taken: \_\_\_\_\_

Date of your child's last tetanus shot: \_\_\_\_\_

Allergies/Reactions: \_\_\_\_\_

**Emergency Medical Instructions:**

**1. Signs/symptoms to look for:**

**2. If signs/symptoms appear, do this:**

**3. To prevent incidents:**



**COMMENTS:** \_\_\_\_\_