



Registration for 2011/2012 Awana Program at the Alliance Church of Menomonie:

Complete ALL Information:

Child's Name: _____
Age: _____ DOB: ____ / ____ / ____ Grade: _____
Address _____ City _____ ST ____ ZIP _____
Home Phone Number: _____ email _____
Parent/Guardian _____ Relationship to child _____
Cell Number: _____
Parent/Guardian _____ Relationship to child _____
Cell Number: _____
In case of an emergency notify _____ Phone #: _____
Cel #: _____
My child may be picked up by: _____

Current Medical Situation

Allergies: Food: _____
Allergies: Penicillin or other drug (Name): _____
Pertinent information: _____
Other: _____
Current medication(s): _____
Do you have a church home? Yes No If yes, where _____
How did you hear of AWANA at Alliance? _____

Would you be willing to serve in one or more of the following areas?

special event substitute

DUES: \$20 per clubber, per year PAID Date _____

** Please do not let finances stand in the way of your child participating in Awana, payment arrangements & scholarships available.*

Parental Consent and Authorization for Emergency Care to a Minor

I/We, the undersigned, parent(s) or legal guardian of the minor listed:
Child's Full Name: _____ do hereby give permission for our/my child to ride in any vehicle driven by an approved licensed adult chaperone while attending and participating in activities sponsored by Alliance Church of Menomonie. Our/My child and I understand that without exception, seat belts shall be worn at all times. I/We do also allow Alliance Church of Menomonie to take and/or use photographs, voice, video or digital tapes of the child/children. I/We understand that said minor should not attend activities when knowingly ill or recently exposed to a contagious disease.

If said minor becomes ill or injured while in the care or under the supervision of Alliance Church of Menomonie, I authorize said minor to receive first aid by any of its staff or volunteers. I have read the Parental Consent and Authorization for First Aid and give my consent for my child.

Parent/Guardian (Print): _____ Date: _____

Parent/Guardian (Signature): _____ Emergency Phone #: _____