



# Registration Form

(one per family)

Names and ages of children attending AWANA:

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Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Home e-mail address: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Allergies or other medical conditions:

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Home church: \_\_\_\_\_

I give my child(ren) permission to attend AWANA at Village Baptist Church. I understand that my child will be picked up at United Elementary and transported to the church for AWANA.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_