

# Fellowship Bible Church of Warminster

## 2024-2025 - AWANA Registration Form



Use this form to register your children for our AWANA Ministry this year.

<b>Parents or Guardian</b>	<b>Father's Name:</b>	<input type="text"/>
	<b>Mother's Name:</b>	<input type="text"/>
<b>Address</b>	<b>Street Address:</b>	<input type="text"/>
	<b>City:</b>	<input type="text"/>
	<b>State:</b>	<input type="text"/>
	<b>Zip:</b>	<input type="text"/>
<b>Communication:</b>	<b>Home Telephone:</b>	<input type="text"/>
	<b>Father's Cell Phone:</b>	<input type="text"/>
	<b>Mother's Cell Phone:</b>	<input type="text"/>
	<b>Email Address:</b>	<input type="text"/>
	<b>Emergency Contact:</b>	<input type="text"/>
	<b>Emergency Contact Tel:</b>	<input type="text"/>
	<b>Home Church:</b>	<input type="text"/>
<b>Transportation Security</b>	<b>Who else is allowed to take / pickup your child</b>	<input type="text"/>
<b>Insurance:</b>	<b>Insurance Carrier and policy number:</b>	<input type="text"/> <input type="text"/>
<b>Permission:</b>	<input type="checkbox"/> <i>I understand that I will be notified in case of serious injury or illness. However, in the event that I cannot be reached, I hereby give permission for my children named below to be medically treated by a physician or medical facility as appropriate.</i>	
	<b>Parent or Legal Guardian:</b> _____	

**List Children Below**

<b>Child's Name</b>	<b>Grade (Current)</b>	<b>Birthdate</b>	<b>Age</b>	<b>Allergies</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please list anything else here that we should be aware of here: