

Fellowship Bible Church of Warminster

2025-2026 - AWANA Registration Form



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

Parents or Guardian	Father's Name:	<input type="text"/>
	Mother's Name:	<input type="text"/>
Address	Street Address:	<input type="text"/>
	City:	<input type="text"/>
	State:	<input type="text"/>
	Zip:	<input type="text"/>
	Home Telephone:	<input type="text"/>
Communication:	Father's Cell Phone:	<input type="text"/>
	Mother's Cell Phone:	<input type="text"/>
	Email Address:	<input type="text"/>
	Emergency Contact:	<input type="text"/>
	Emergency Contact Tel:	<input type="text"/>
	Home Church:	<input type="text"/>
Transportation Security	Who else is allowed to take / pickup your child	<input type="text"/>
Insurance:	Insurance Carrier and policy number:	<input type="text"/> <input type="text"/>
Permission:	<input type="checkbox"/> 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.	
Parent or Legal Guardian: <input type="text"/>		

List Children Below

Child's Name	Grade (Current)	Birthdate	Age	Allergies
<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: