

FCC AWANA FAMILY REGISTRATION 2021-2022

Last Name _____

Parents' Names _____

Address _____

City, Zip _____

Home Phone _____ Cell Phones _____

E-mail (Please print clearly) _____

Home Church _____

Date		Child 1	Child 2	Child 3	Child 4
List Child's Name					
Cubbies Reg. Fee		\$35.00 __	\$30.00 __	\$25.00 __	\$20.00 __
Cubbies Vest	\$15.00				
Cubbies Book	\$12.00				
Cubbies Bag	\$10.00				
Sparks Reg. Fee		\$35.00 __	\$30.00 __	\$25.00 __	\$20.00 __
Sparks Vest	\$15.00				
Sparks Book	\$12.00				
Sparks Bag	\$10.00				
T&T Reg. Fee		\$35.00 __	\$30.00 __	\$25.00 __	\$20.00 __
T&T Shirt Size __	\$20.00				
T&T Book	\$12.00				
T&T Bag	\$15.00				
Trek Reg. Fee		\$35.00 __	\$30.00 __	\$25.00 __	\$20.00 __
Trek Shirt Size __	\$20.00				
Trek Book	\$12.00				
Trek Bag	\$15.00				
Journey Reg. Fee		\$35.00 __	\$30.00 __	\$25.00 __	\$20.00 __
Journey Book	\$20.00				
Journey Bag	\$15.00				
Journey Shirt Size__	\$20.00				
Total per child	+	+	+	+	
Would you like to donate to the scholarship fund? Amount		+			
Family Total					

Paid _____ Check # _____ Cash _____

At Fellowship Community Church, cost will never be a factor in your child/children attending our club. Please contact Dave Bruscher at 303-928-7110 if you are in need of a scholarship, or to arrange a payment plan. Your situation will be held in confidence.

OVER



Child 1
Name _____ Birthdate _____ Grade _____
Food Allergies? _____ If, yes special instructions _____
Has your child attended AWANA before? _____ Last book completed _____

Child 2
Name _____ Birthdate _____ Grade _____
Food Allergies? _____ If, yes special instructions _____
Has your child attended AWANA before? _____ Last book completed _____

Child 3
Name _____ Birthdate _____ Grade _____
Food Allergies? _____ If, yes special instructions _____
Has your child attended AWANA before? _____ Last book completed _____

Child 4
Name _____ Birthdate _____ Grade _____
Food Allergies? _____ If, yes special instructions _____
Has your child attended AWANA before? _____ Last book completed _____

Who may pick up your children other than you? _____

If unable to reach you whom may we contact?

Emergency Contact (other than parents): _____

Emergency Contact Home Phone: _____

Emergency Contact Cell Phone: _____

Would you be willing to help occasionally? _____ Yes _____ No

Medical Release

I _____ being the parent or legal guardian to the above listed child/children hereby give my consent to the authorized parties of Fellowship Community Church for emergency, medical and surgical treatment of this minor in a licensed hospital by a licensed physician should his/her condition so require it in my absence. I understand that in such a case, reasonable attempts would first be made to contact me (time and conditions permitting). As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards or medical practice for the particular type of injury or illness involved, I impose no specific limitations or prohibitions regarding treatment.

Signed _____ Date _____