



## Awana Registration 2016 Harvest Church of Southern IL

Child's Name:		Home Phone:		
Child's Date of Birth:	 Gender:	Age:	Grade:	
Address:		Cell #:		
City, State, ZIP:		Any allergies / n	nedical conditions?	
Parent's names:				
Email address:		Church member	rship:	
What club is your child registering for? (A	ges / grades are as of	Sept 1, 2016)		
Puggles (2's and 3's)	Cubbies	bbies (4's – PreK)		
Sparks (Kind – 2 <sup>nd</sup> grade) ************************************	T&T(3	r <sup>rd</sup> – 5 <sup>th</sup> grades) *******	*******	
Besides you, who is authorized to pick up	your child / children?			
Name:	Relationship:			
Name:				
Name:	Relationship:			
Current copy on file with the Awana community Name: Name:	Rela	ationship:		
In case of emergency, please call (we'll ca	II parents listed above	? first)		
Name:			hone:	
Name:				
Name:	Relationship:	P	hone:	
Permission I, the undersigned, request that my change Awana ministry. I agree to allow my change that his / her picture may online). I agree to hold harmless Harve illness, injury, or death, which may occor	nild to be photograp appear on Harvest C est Church SI or any	d to participate in hed for Awana min Church SI promotic of their agents in t	nistry purposes and onal items (digital, print, the event of accident,	
Signature of Parent / Guardian	 	e		