

AWANA Clubs 2021-22



Cubbies Registration (3-5 years old)

Child should turn 3 by September 1.

Please print information legibly.

THIS REGISTRATION FORM HAS TWO PAGES. PLEASE COMPLETE BOTH PAGES.

Child's Name _____

Address _____ City _____ Zip _____

Date of Birth _____ School and Grade Level _____

Parents' Names _____

Home Phone _____ Cell Phone _____

Email Address _____

Siblings Attending Club _____

My child's friends at Awana are _____

Home Church (if any) _____

Pick-up Info (List the names of those individuals who will be authorized to pick up your child from Awana)

Supplies and Dues Information	Amount	Order
Blue Cubbies t-shirt (required**) Circle Size (Youth) XS S M <small>**We are transitioning to a t-shirt uniform this year. If your child already has a Cubbies vest and prefers to keep wearing that instead, they may do so.</small>	\$8.00	
Cubbies Handbook (required)	\$8.00	
Cubbies Handbook Bag (optional)	\$8.00	
Awana Club Dues – \$40 for 1 st child (\$35 for 2 nd child, \$30 for 3 rd , etc.)	\$	
	Total	

FREE USED SUPPLIES – A limited number of gently used supplies are available free of charge on a first-come-first-served basis. Contact Pastor Holwerda (jeff.holwerda@livinghope.ch) for details.

PLEASE MAKE CHECKS PAYABLE TO:
LIVING HOPE CHURCH

<p>For Secretary's Use Only</p>
<p>Need financial assistance:</p> <p>_____</p>

Continue completing this registration form on Page 2



Child's Name _____

Cubbies: Page 2

Emergency Medical Information

Emergency Contact _____ Phone: _____

Relationship _____

Physician's Name _____ Phone: _____

Medical Concerns (check those that apply) _____ diabetes _____ asthma _____ epilepsy

_____ other (please specify) _____

List allergies and current medications _____

List other special needs (i.e. emotional, behavioral, or medical concerns):

Parental Consent to Treatment and Emergency Authorization

I hereby release Living Hope Church, its staff and sponsors from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as an agent for me, to consent to any x-ray examination, medical, dental, surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice in the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted immediately. Furthermore, I agree to reimburse Living Hope Church for all medical expenses.

Parent/guardian signature: _____ Date: _____

Photograph Release

I give Living Hope Church permission to use photographs and video taken at this program for promotional purposes and in the year-end music and photo presentation at the Awana Family Finale.

Parent/guardian signature: _____ Date: _____

