



2019-2020 Registration Form

Student Name: _____ Birthdate: _____

Address: _____

City: _____ Zip: _____

Email Address: _____

Parent(s) Name: _____

Phone: _____ Emergency Contact Phone: _____

Emergency Contact Name: _____ Relationship to Child: _____

Alternate Pick-Up: _____

School Child Attends: _____ Grade (2019-20): _____

Allergies: _____

Home Church (if other than PCN): _____

Check AWANA Group:

_____ Puggles (2's & young 3's) _____ Cubbies (Potty trained 3's to Pre-K--2 years prior to Kindergarten)

_____ Sparks (K-2nd grade) _____ T&T (3rd-5th grade) _____ Trek (6th-12th grade)

Has your child previously been involved with AWANA? _____

If so, what handbook is he/she in? _____

I give permission for my child's picture to be taken and used as promotion of Paducah Nazarene's AWANA program. _____ Yes _____ No

I, _____ understand that my child _____ will be involved and participating in the games and activities of the AWANA Programs at Paducah Church of The Nazarene. I will not hold Paducah Church of The Nazarene staff or volunteers responsible for injuries that may occur during the AWANA programs. I also commit to partnering with Paducah Nazarene and my child to aid them in being successful in the AWANA programs.

Parent Signature: _____ Date: _____

For Office Use		Club: _____		
_____ Registration Fee	_____ Registration Form	_____ Uniform Fee	_____ Book Fee	_____ Handbag Fee

Submit Form: