

Gourd Springs Baptist Church AWANA Registration

Child/Student Info

Date: _____
 Child/Student's Name: _____ Sex: Male Female
 Address: _____
 City: _____ State: _____ Zip: _____
 Birthdate: _____ Age: _____ Current Grade: _____
As of Sept 1st As of Sept 1st

Allergies: _____
 Siblings (Name/Age): _____

Parent Info

Parent/Guardian's Names: _____
 Email(s): _____

 Home Phone: _____
 Cell Phone(s): _____
 How would you like to be contacted if needed? Call Cell Text Cell Other _____
 Church You Attend: _____

Security Info

Emergency Contact Name: _____ *Relationship:* _____
Other than Parent/Guardian (To Child/Student)

Emergency Contact Phone: _____

Any special concerns or instructions: _____

Brought by: _____

The following have permission to pick up my child/student: _____

Parent/Guardian's Signature: _____

Office Use Only

Age/Grade on Sept 1st:

Puggles(Leaders) <input type="checkbox"/> 2's	Cubbies <input type="checkbox"/> 3's <input type="checkbox"/> 4's <input type="checkbox"/> K	Sparks <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	T&T <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th
Visitor: Date _____ Brought By: _____			