



East Baptist Church 2010 – 2011 Enrollment Form

**Please Complete All Information
Awana Dates October 6, 2010 – May 11, 2011
6:30 – 8:00 pm**

Child's Name _____

Child's Name _____

Child's Name _____

Father or Guardian: _____

Mother or Guardian: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone () _____ - _____ Cell/Pager () _____ - _____

E-mail: _____

East Baptist Church Release Form for Use of Personal Images

From time to time during the club year videos, photographs, and/or slides will be taken of our Clubbers. These will be used for publicity purposes only. Your signature below grants permission for East Baptist Church to use videos, photographs, and/or slides of your child for publicity purposes.

Parent/Guardian

Date: _____

Child's Name: _____

Birth Date: _____

Gender: Male Female

Club to Attend

Cubbies – 4 & 5 Year Old

Sparks – K – 2nd Gr.

T & T – 3rd-6th Gr.

Name of School or Home School: _____

Church Member? Yes No

Name of Church _____

Please list Any Food Allergies, Health, or Behavioral Concerns.

Does Child Have a Special Need or Disability? _____

I, _____, do hereby state that I am the (a) parent and/or legal guardian of my child _____, a minor, age _____.

I give consent for a responsible adult at the AWANA ministry at East Baptist Church to administer appropriate first aid to my child when needed. I also give consent to secure additional emergency treatment for my child, under the following conditions: reasonable effort has been made to find me at the Church or at home: the consensus of several adults is that care is needed prior to the probable return of the parent/guardian to pick up the child. I understand it is my responsibility to notify the classroom leaders as to where I can be reached in the event of an emergency.

Signature _____

Date _____

Child's Name: _____

Birth Date: _____

Gender: Male Female

Club to Attend

Cubbies – 4 & 5 Year Old

Sparks – K – 2nd Gr.

T & T -3rd-6th Gr.

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Church Member? Yes No

Name of Church _____

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Signature _____

Date _____

Child's Name: _____

Birth Date: _____

Gender: Male Female

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Signature _____

Date _____

2010 / 2011 AWANA Uniform Order Form

Parents: please read the measurement descriptions for your child's AWANA Club uniform carefully, select your child's uniform size, then return this form to your child's leader, along with payment. Thank you.

Clubber Name _____ Club _____ Amount Paid _____ DATE _____

Cubbie Vest \$10.00

Qty	Item	Chest Size
___	41371	Small Size 4
___	41380	Medium Size 5
___	41398	Large Size 6
___	41401	X-Large Size 8
___	46383	XX-Large Size 10
___	Special Size	_____

* Ask for pricing on Special Sizes

Sparks Vest \$10.00

Qty	Item	Chest Size
___	74405	Small Size 6
___	74413	Medium Size 8
___	74421	Large Size 10
___	74430	X-Large Size 12
___	74448	XX-Large Size 14
___	74456	XXX-Large Size 16
___	Special Size	

T & T Shirts \$13.00

Qty	Item	Size
___	48338	Size 10
___	48346	Size 12
___	48354	Size 14
___	48362	Size 16