



SOLID GROUND BRETHERN IN CHRIST
9974 19th Street, Alta Loma, California 91737
AWANA REGISTRATION FORM 2008-09

	Amount	Check Number
Cash		
Check		

Registration Fee: \$35 Annual or \$70 Family Max

Allergies: _____

Club Meets most Wednesdays 6:15-7:45 p.m. Carnival Kickoff 9/17/08
 Fees are \$35 per child annual (\$70 Family Maximum)

FAMILY INFORMATION:

Parent/Guardian _____
 Address _____
 Home Phone _____ Cell Phone _____
 Email _____ Church Home _____

CHILD INFORMATION:

1st Child's Name _____
 Birthdate _____ Grade _____

CIRCLE CLUB LEVEL: Cubbies (3-4 yrs.) Sparks (gr. K-2) T&T (gr. 3-6) TREK (gr. 7-9)

Allergies and/or Special Needs: _____

Has your child previously been in AWANA? _____ If so what handbook is he/she in? _____

Does your child have the appropriate uniform for his/her level? _____

Would your child like to be placed with another child in the club? _____

2nd Child's Name _____
 Birthdate _____ Grade _____

CIRCLE CLUB LEVEL: Cubbies (3-4 yrs.) Sparks (gr. K-2) T&T (gr. 3-6) TREK (gr. 7-9)

Allergies and/or Special Needs: _____

Has your child previously been in AWANA? _____ If so what handbook is he/she in? _____

Does your child have the appropriate uniform for his/her level? _____

Would your child like to be placed with another child in the club? _____

3rd Child's Name _____
 Birthdate _____ Grade _____

CIRCLE CLUB LEVEL: Cubbies (3-4 yrs.) Sparks (gr. K-2) T&T (gr. 3-6) TREK (gr. 7-9)

Allergies and/or Special Needs: _____

Has your child previously been in AWANA? _____ If so what handbook is he/she in? _____

Does your child have the appropriate uniform for his/her level? _____

Would your child like to be placed with another child in the club? _____

Due to the age of the Cubbies, a parent/guardian needs to be on church campus during club meetings. Please check location of the area in which you would like to serve.

___ Cubbies ___ Sparks ___ T&T ___ Nursery ___ Game Square

Do you wish to authorize other adults to take your child home after AWANA? Please list here: _____

I hereby give my permission to the Awana Club at Solid Ground Brethren in Christ Church to administer first aid to my child or admit my child to a hospital in case of injury during Awana activities and I cannot be reached. Every effort possible will be made to contact the parents/guardian.

Date:	Parent/Guardian Signature:	
Insurance Company:		Policy Number:
Emergency Number:	Other Contact:	

How will you help Awana?

Name:

Telephone No.:

- Team Leader (Supervise kids in each activity, organize listeners for your group of 8-15 kids)
 - Cubbies (Pre-K)
- Listener (Listen to kids recite Bible verses)
 - Cubbies (Pre-K) Sparks (K-2nd) Truth & Training (3rd-6th)
- Game helper (Assist game leader in organization of activities. 60 minutes per week)
- Song Leader (Lead songs in Council time. 20 minutes per week. May be weeks off, or every other week)
- Devotionals (Present devotional message during Council time. 15 minutes per week. May rotate among several volunteers)
 - Sparks (K-2nd) Truth & Training (3rd-6th)
- Nursery attendant (Care for nursery-age children of volunteers. 90 minutes per week. May rotate among several volunteers)
- Store Helper (Assist Store Coordinator. 2 hours per store night, 4-6 times per year)
- Event Coordinator (Organize a specific annual event. Preparation for each event lasts 4-8 weeks)
 - Bible Quizzing AWANA Grand Prix Campout
 - Boat Race Nature Hikes Other: