

Last Name _____

AWANA REGISTRATION

Parents: Please complete this form with all necessary information for each child in your family that will be attending Awana at Bethel Church of the Nazarene. Payment of dues must accompany this form. ONE form per family. **Email will be a primary means of communication for updates, changes, scheduling, etc.**

**Please make sure your KidCheck account is up to date.

Cubbies, Sparks and T&T \$25.00

Puggles \$10.00

Parent's names _____			
Mother	(first)	(last)	

Father	(first)	(last)	

Mailing Address	City	Zip	Phone
Email:			

Please list all children attending Awana below				
Name	Age	Grade	Birthday (mm/dd/yy)	T-shirt Size
1.				
2.				
3.				
4.				
5.				

Official Use Only

AWANA Account

Amount Owed	Paid	Date	Initials
Dues			
Total			

Insurance Waiver

1	
2	
3	
4	
5	

(under Paid – please write either card, cash or check #)

(mark off each child who has a signed insurance waiver under the appropriate column)