



REGISTRATION FORM - 2011/12 Club Year

		As of August 1, 2011, your child was in...								
Child Name	Date of Birth	3 YRS	4-5 YRS (Pre-K)	K	1st	2nd	3rd	4th	5th	6th
Complete for each child		CUBBIES		SPARKS			T&T Adventure		T&T Challenge	

Father Name:	
Mother Name:	
Street Address:	
Zip Code:	
Emergency Contact #:	
Parent's Fellowship Name:	

Registration fees are \$25/child.

Please pay registration fee to the AWANA store.

Checks should be made payable to "SLCCC"

Your e-mail address: _____

Children Allergy Info / Medical Condition: _____

	Parent Signature:	Date:
I understand that participation in the AWANA program is voluntary. I will not hold SLCCC or any member of the AWANA staff responsible for any injuries sustained by my children during the normal course of the AWANA program.		

For AWANA use:	Cash	Check (write #)	Voucher (Write #)	Date Paid	Handled By (Initial)
Registration fee					