

August 2018

Dear Awana Parent(s),

AWANA will begin on Wednesday, September 12th at 6:30pm. "Shorts Night" is the theme.



Registrations will be accepted on a first come, first served basis with the following preference given:

- EBC children whose parents are serving in Awana or in another Wednesday night ministry
- Non-churched children and children of parents taking the Love, Inc. finance class
- EBC children
- Children from other churches, when space is available

The Cubbie and Sparks programs fill rapidly! We have a strict 4 to 1 ratio of children to leaders in the Cubbie program. Please be reminded your Cubbie **has to be 3 by Sept. 1st** Please also note that due to space limitation, we will not be enrolling 3 year olds from other churches. Awana volunteers and parents attending a class must also register their infants and toddlers if childcare is needed.

Carefully fill out each form, making sure it is **signed**. Forms may be returned to the main church office or mailed to:

Emmanuel Baptist Church
Attn: Pam Dougliss
1515 E. College Way
Mount Vernon, WA 98273

The list of costs for Awana will be available in the parent handbook. Additional forms are available at the church office.

Looking forward to a great year!

Donna McAllister, Awana Commander

Parents, please check any that apply to you
 Enrolled in Love Inc.
 Awana Volunteer
 Enrolled in Adult Studies



Emmanuel Baptist Church Awana Registration Form 2018-2019

one form per child please

Child's Name _____ Today's Date _____

Address _____ City _____ Zip _____

Phone _____ Email _____

Birthdate MO ___ DAY ___ YR ___ Girl ___ Boy ___

Current Age: _____

Awana Club

please check one

<input type="checkbox"/> Infant	<input type="checkbox"/> Cubbies	<input type="checkbox"/> Sparks K	<input type="checkbox"/> UA 3rd grade
<input type="checkbox"/> Toddler	<i>(age 3 by Sept. 1st thru 5 not in Kinder)</i>	<input type="checkbox"/> Sparks 1	<input type="checkbox"/> UA 4th grade
		<input type="checkbox"/> Sparks 2	<input type="checkbox"/> UC 5th grade
			<input type="checkbox"/> UC 6h grade

Person responsible for pickup other than person listed below: _____

Parent/Guardian & Medical Information:

Parent(s) Name _____

We are currently attending _____ Church

Please list any medical concerns, learning or physical disabilities, or any other information of which we should be aware of (*addtl. info may be listed on reverse side*) *please note: acceptance of children with special needs will be addressed on an individual basis*

Allergies: _____

Doctor's Name & Phone _____

Emergency Contact Name & Number _____

Medical Release

In the event of an emergency and I cannot be reached at number listed, I authorize Emmanuel Baptist Church to seek medical treatment for my child.

Parent/Guardian Signature _____

(signature required)

Permission given to use pictures of my child in Emmanuel Baptist Church publicity only

Yes No