

Northview Church Awana Registration

Cubbies - 2011-2012

(Ages 3-4)

Child's Name: _____

Grade in School: _____ Birthday (MM/DD/YY) ____/____/____

Parent/Guardian Name(s): _____

Address and zip code: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

- Please use this email address to remind me about Awana events.
- Please use my mailing address to remind me about Awana events.

Allergies or medical conditions: _____

	Price	Quantity	Total
Dues: 1 st Semester	\$15.00		
Dues: 2 nd Semester	\$15.00		
Dues: Full year	\$25.00		
Cubbies Vest - circle size Size: S (4), M (5), L (6), XL (8), XXL (10)	\$12.00		
Jumper Handbook (NIV or NKJV)	\$9.00		
Music CD for Handbooks (optional)	\$11.00		
Cubbies Handbook Bag (optional)	\$6.00		
		Total	

Note: Dues can be paid in increments throughout the year if that is helpful for your family.

Medical Release Form

To whom it may concern,

_____ (child's name) has my permission to attend the Northview Church Awana program meeting at the Briargate YMCA on Sunday evenings. If my child requires medical attention, I am notified first at this phone number _____. If I cannot be reached, this authorization gives Awana club leaders permission to seek any necessary medical aid. The signature below releases Northview Church and the Briargate YMCA from any treatment cost or liability.

Parent's Signature _____ Date: _____

Person to be contacted if I cannot be reached:

Name: _____ Phone: _____