

PLEASE FILL IN COMPLETELY & LEGIBLY

							Price	Amount Owed	
Clubber Name:					Birthdate:		Book	\$12.00	
<input type="checkbox"/> Cubbies	Year:	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	(Must be 3 years old and potty trained when Awana starts)			<input type="checkbox"/> Cubbies Vest	\$12.00	
<input type="checkbox"/> Sparks	Grade:	<input type="checkbox"/> K	<input type="checkbox"/> 1	<input type="checkbox"/> 2				<input type="checkbox"/> Sparks Vest	\$12.00
<input type="checkbox"/> Truth & Training	Grade:	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	T&T Jersey: Color: <input type="checkbox"/> Blue <input type="checkbox"/> Green	Size: <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS	\$20.00	
Medical Conditions:									
Clubber Name:					Birthdate:		Book	\$12.00	
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Medical Conditions:									
Family Dues*: Enter \$40 for 1 child; \$75 for 2 children; \$100 for 3 children; \$115 for 4 or more children -									
Office use only	Cash amt.	Date	Check amt.	Check #	Date	Online	Date	Page 1 Total	
	Cash amt.	Date	Check amt.	Check #	Date	Online	Date	Page 3 Total	
	Cash amt.	Date	Check amt.	Check #	Date	Online	Date	Grand Total	

* Dues cover the cost of awards, store items, & other supplies. Dues for clubbers starting Awana in January or later will be pro-rated.

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Parent/Guardian #1		#2:	
Home Phone:	Cell Phone Parent/Guardian #1	#2:	
Address:	City/State:	Zip Code:	
Communication Email:	Home Church:		
Emergency Alternate #1	Relation:	Phone:	
Emergency Alternate #2	Relation:	Phone:	

Medical Release:

I, _____, the undersigned parent/guardian of the above-named child/children do authorize & consent to all medical, surgical, diagnostic, & hospital procedures as may be prescribed by a physician to safeguard my child's health, & if it is not possible to contact me in advance, I waive my right to informed consent for said treatment. I also understand that temporary emergency measures may be necessary to safeguard my child's health & do hereby authorize & request event personnel to administer such treatment procedures they deem necessary until such time as my child can be safely transported to a clinic or hospital.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Disciplinary Procedures:

Parents,
We ask that you actively participate in making the Awana club here at Kingston Christian Church fun and exciting for everyone. You can do so by being available, here on the premises or by phone, should the time arise that your child needs parental discipline/correction. This process will not work without your participation.

"Three Count" procedures:

1. The clubber is first asked to stop behavior by any leader.
2. If behavior continues the clubber is spoken to by the Awana commander.
3. If behavior continues, the clubber's parents will be contacted and required to come to the church to take their child home immediately.

Please sign below to agree with the above procedures. Thank you.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

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