

# FCC AWANA FAMILY REGISTRATION 2024-2025

*Please complete both pages*

Last Name \_\_\_\_\_ Parents' Names \_\_\_\_\_

Address \_\_\_\_\_

City, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Dad's Cell Phone \_\_\_\_\_ Mom's Cell Phone \_\_\_\_\_

E-mail (Please print clearly) \_\_\_\_\_

Home Church \_\_\_\_\_

Date: _____		Child 1	Child 2	Child 3	Child 4
<b>List Child's First Name →</b>					
Cubbies Reg. Fee		\$35.00 ___	\$30.00 ___	\$25.00 ___	\$20.00 ___
Cubbies Vest Size ___	\$20.00				
Cubbies Book	\$20.00				
Cubbies Bag	\$12.00				
Sparks Reg. Fee		\$35.00 ___	\$30.00 ___	\$25.00 ___	\$20.00 ___
Sparks Vest	\$20.00				
Sparks Book	\$20.00				
Sparks Bag	\$12.00				
T&T Reg. Fee		\$35.00 ___	\$30.00 ___	\$25.00 ___	\$20.00 ___
T&T Shirt Size ___	\$27.00				
T&T Book	\$20.00				
T&T Bag	\$22.00				
Trek Reg. Fee		\$35.00 ___	\$30.00 ___	\$25.00 ___	\$20.00 ___
Trek Shirt Size ___	\$27.00				
Trek Book	\$22.00				
Trek Bag	\$22.00				
Journey Reg. Fee		\$35.00 ___	\$30.00 ___	\$25.00 ___	\$20.00 ___
Journey Book	\$37.00				
Journey Bag	\$22.00				
Journey Shirt Size ___	\$27.00				
Total per child		+	+	+	
Would you like to donate to the scholarship fund?		Amount		+	
Date Paid _____ Check # _____ Cash _____		Family Total			

Would you be willing to help occasionally?           Yes           No

At Fellowship Community Church, cost will never be a factor in your child/children attending our club. Please contact Dave Bruscher at 303-521-3454 if you are in need of a scholarship, or to arrange a payment plan. Your situation will be held in confidence.

**Child 1**  
 Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
 Food Allergies? \_\_\_\_\_ If, yes special instructions \_\_\_\_\_  
 Has your child attended AWANA before? \_\_\_\_\_ Last book completed \_\_\_\_\_

**Child 2**  
 Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
 Food Allergies? \_\_\_\_\_ If, yes special instructions \_\_\_\_\_  
 Has your child attended AWANA before? \_\_\_\_\_ Last book completed \_\_\_\_\_

**Child 3**  
 Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
 Food Allergies? \_\_\_\_\_ If, yes special instructions \_\_\_\_\_  
 Has your child attended AWANA before? \_\_\_\_\_ Last book completed \_\_\_\_\_

**Child 4**  
 Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
 Food Allergies? \_\_\_\_\_ If, yes special instructions \_\_\_\_\_  
 Has your child attended AWANA before? \_\_\_\_\_ Last book completed \_\_\_\_\_

Who may pick up your children other than you? \_\_\_\_\_

**EMERGENCY INFO**

If unable to reach you whom may we contact other than parents?  
 Contact Name \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Medical Release**

I \_\_\_\_\_ being the parent or legal guardian to the above listed child/children hereby give my consent to the authorized parties of Fellowship Community Church for emergency, medical and surgical treatment of this minor in a licensed hospital by a licensed physician should his/her condition so require it in my absence. I understand that in such a case, reasonable attempts would first be made to contact me (time and conditions permitting). As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards or medical practice for the particular type of injury or illness involved, I impose no specific limitations or prohibitions regarding treatment.

Signed \_\_\_\_\_ Date \_\_\_\_\_