

FCC AWANA FAMILY REGISTRATION 2025-2026

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
List Child's First Name →					
Clubber Registration Fee		\$35 __	\$30 __	\$25 __	\$20 __
Cubbies Vest Size __	\$20				
Cubbies Book	\$20				
Cubbies Bag	\$15				
Sparks Vest	\$20				
Sparks Book	\$20				
Sparks Bag	\$15				
T&T Shirt Size __	\$27				
T&T Book	\$20				
T&T Bag	\$22				
Trek Shirt Size __	\$25				
Trek Book	\$20				
Trek Bag	\$22				
Journey Book	\$28				
Journey Bag	\$22				
Journey Shirt Size __	\$25				
Total per child		+	+	+	
Would you like to donate to the scholarship fund? Amount	+				
Family Total					
Date Paid _____ Check # _____ Cash _____					

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 _____