

First Baptist Church of Redmond  
16700 NE 97<sup>th</sup> Street  
Redmond, WA 98052



"Approved Workman Are Not Ashamed"  
(2 Timothy 2:15)

# Family Registration Form

Sparks (gr. K-2)

T&T (gr. 3-6)

Parent's Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Church Attending: \_\_\_\_\_

Clubber Name	Birthdate	Age	Grade	Boy/Girl

\*Additional children can be listed on the back

Allergies/Restrictions: \_\_\_\_\_

Financial Aid Needed?  YES  NO

Please list those who are AUTHORIZED to pick up your child from AWANA (\*)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, please call (other than parents):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

(\*) We will not release a child to anyone not on the authorized list.

## Permission to Participate

The information on this Registration is true to the best of my knowledge. I give permission for the child listed above to participate in AWANA at First Baptist Church of Redmond (FBCoR); and all areas of AWANA. If the child listed above has special needs (health, diet, etc.), I will let the staff know at registration. I give permission for my child's image to be used for promotional purposes. In case of emergency, FBCoR will attempt to contact the parent(s), then emergency contact(s), as listed above. If contact is unsuccessful, FBCoR has permission to give emergency treatment.

\_\_\_\_\_  
Parent or guardian of Clubber

\_\_\_\_\_  
Date