



**Parkdale Baptist Church
Awana Club Registration Form
2018-2019**

Child #1 : _____

DOB: _____ Health Card#: _____

Any Known Allergies: _____

Club: *(please circle)* Cubbies (PS-JK) Sparks (SK-Gr.2) T&T (Gr.3-Gr.6)

Child #2 : _____

DOB: _____ Health Card#: _____

Any Known Allergies: _____

Club: *(please circle)* Cubbies (PS-JK) Sparks (SK-Gr.2) T&T (Gr.3-Gr.6)

Child #3 : _____

DOB: _____ Health Card#: _____

Any Known Allergies: _____

Club: *(please circle)* Cubbies (PS-JK) Sparks (SK-Gr.2) T&T (Gr.3-Gr.6)

Child #4 : _____

DOB: _____ Health Card#: _____

Any Known Allergies: _____

Club: *(please circle)* Cubbies (PS-JK) Sparks (SK-Gr.2) T&T (Gr.3-Gr.6)

Name of Parents/Guardians: _____

Address: _____

Phone: Cell: _____ Home: _____

Email Address: _____

*****We must be able to contact you during club hours.**

Emergency Contact: _____ Phone: _____

2017-2018 Club Fees

Registration Fee: \$60.00/Child and a Family Maximum of \$150.00

Payment Received: Cash: _____ Cheque: _____
(leader initial) (leader initial)

I/We agree to allow my/our child/ren, _____, to participate in all the activities included in Awana from September 2017 - May 2018. This is with my full understanding that I/we assume the responsibility for actions of and consequences to my/our child. I recognize that I/we have no claim of liability against Parkdale Baptist Church, its membership or the leaders of the program, in so far as incidents that occur are not in the control of the aforementioned. In addition to this, I/we give complete and total permission to the leaders to obtain medical aid for my/our child.

*I agree to allow my child/ren to be photographed by Parkdale Baptist Church and possibly used in media pertaining to the Parkdale Awana club. **YES/NO** (Please Circle)*

Parent Signature: _____ Date: Signed _____