



F C B C Walnut AWANA CLUB 2018-19 Registration Form

Please note: FCBC Walnut AWANA is open to children currently in Kindergarten to 6th grade.
 Children pre-K and below may join if parent is an AWANA Club leader.

PARENT INFO	Last Name	First Name	Cell Phone	E-Mail	Interest to Volunteer (Y/N)
Mother					
Father					
Other _____					
Home Address			City/Zip Code		
Your Home Church <input type="checkbox"/> None <input type="checkbox"/> FCBC Walnut Cant/Eng/Mand _____ <input type="checkbox"/> Your Church _____					

CHILDREN	Child 1	Child 2	Child 3	Child 4
Last Name				
First Name				
Birth date (mm/dd/yy)				
Grade in August				
Male / Female (M/F)				
Has child been in AWANA before? Yes / No (please circle) If Yes, which club? _____ At which church? _____				
Optional: Name one clubber you want on your team.				

Health Insurance Comp. <small>(if none, write "none")</small>				
Policy Number				

CHILD'S MEDICAL HISTORY	<i>Check box <input type="checkbox"/> if your child has any of the following:</i>			
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other				
List allergies and/or allergic Reactions <small>(if none, write "none")</small>				
List any medications taking now <small>(if none, write "none")</small>				

Turn Page Over

