

AWANA



Registration Form

Family Information

Parent/ Guardian First and Last Name(s):		
Address:	s: City, State, Zip:	
Phone number(s):		
Email(s):*email is our primary communication for rer	minders and updates	
Child 1: First Name:	Last Name:	
		Puggles (for children of leaders only,
Birthdate:/Age: _	Grade in Fall: Medical or	Special Concerns (include allergies):
Child 1: First Name:	Last Name:	Gender: male female
		Puggles (for children of leaders only,
	Grade in Fall: Medical or	
Child 1: First Name:	Last Name:	Gender: male female
		Puggles (for children of leaders only,
Birthdate:/ Age: _	Grade in Fall: Medical or	
Emergency Contact Information:		
Name:	Relationship:	_Phone number:
Parent/Guardian's Signature:		