Central Baptist Church
1715 Hwy. 68 N
Oak Ridge, NC 27310
(336) 643-7684

AWANA – Registration Form

Family Information

Parent / Guardian: First and Last Name(s): _____

Address: _____

City, State, Zip: _____

Phone Numbers: _____

Email(s): _____

* Email is our primary communication for reminders and updates *

Child 1:

First Name: _____ Last Name: _____ Gender: Male Female

Club (circle): T&T (grades 3 - 6) Sparks: (grades K – 2)

Cubbies: (ages 3 - 5) Puggles (for children of leaders only)

Birthdate:____/____/____ Age: _____ Grade in Fall: _____

Medical or Special Concerns (including allegories): _____

_____

Child 2:

First Name: _____ Last Name: _____ Gender: Male Female

Club (circle): T&T (grades 3 - 6) Sparks: (grades K – 2)

Cubbies: (ages 3 - 5) Puggles (for children of leaders only)

Birthdate:____/____/____ Age: _____ Grade in Fall: _____

Medical or Special Concerns (including allegories): _____

_____

Child 3:

First Name: _____ Last Name: _____ Gender: Male Female

Club (circle): T&T (grades 3 - 6) Sparks: (grades K – 2)

Cubbies: (ages 3 - 5) Puggles (for children of leaders only)

Birthdate:____/____/____ Age: _____ Grade in Fall: _____

Medical or Special Concerns (including allegories): _____

_____

Emergency Contact Information:

Name: _____

Relationship: _____ Phone: _____

Parent / Guardian's Signature: _____

Pre-Registration: Send PDF to Jana Carter – AWANA@oakridgecbc.org