



AWANA REGISTRATION FORM

Complete one form per child and return to an AWANA Leader

Date: _____

Cubbies
3 - 4yrs old

Sparks
K - 2nd Grade

Truth & Training
3rd - 6th Grade

Youth Group
7th - 12th Grade

Child's Name _____

Child's Age _____

Child's Date of Birth _____

School Grade _____

Male

Female

Emergency Contact _____

Telephone _____

Physician's Name _____

Telephone _____

Child's Allergies _____

Any other information we need to know about the child (medical conditions, etc.):

Parent's Name _____

Parent's Email _____

Address _____

Home Phone _____

Cell Phone _____

Would you like to receive text messages for snow cancellations or other emergency information?

Yes No

Which Church do you attend? _____

ANTIOCH BAPTISH CHURCH

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