



REGISTRATION

Student Name _____ Grade _____

Parent Name(s) _____

Phone Number(s) _____

Email _____ @ _____

Allergies _____

I ALSO GIVE PERMISSION FOR THESE PEOPLE TO PICK MY CHILD UP: _____

I GIVE PERMISSION TO RELEASE PHOTOS TAKEN OF MY CHILD AT AWANA FOR USE IN LOCAL NEWSPAPERS AND ON SOCIAL MEDIA

I GIVE PERMISSION FOR MY CHILD TO WALK HOME AFTER AWANA.

IF YOUR CHILD IS TOO SICK TO ATTEND SCHOOL, THEY MAY NOT ATTEND AWANA THAT EVENING

Signature of Parent/Guardian



Faith Baptist Church
FBCpawnee.com/awana