

Lilburn Alliance Church

AWANA CLUBS Registration 2010-2011

Date Completed: _____

Registration Fee \$25.00 _____ check when paid

T- Shirt Size _____

Child's Name _____ Birth Date _____ **Grade** _____

Home Phone _____ E-mail _____

Child's Home Address _____
Street/Apt.# _____ City _____ State _____ Zip Code _____

School Child Attends _____

Church that you regularly attend and/or are a member of :

Lilburn Alliance Church Other - _____ None

Photographs are sometimes taken of children's ministry activities for publicity and promotional purposes, which include, but are not limited to, in-house presentations, church web sites, brochures and newsletters. Children's names or information are never used without specific permission. By signing this area, you are releasing Lilburn Alliance Church to use photographs of your child as stated above.

Signature of Parent/Guardian _____ Date _____

Parents Names _____

E-mail (Home or Work) _____

Telephone (home) _____ Mom Cell _____ Dad Cell _____

Address _____
(If different from child) Street/Apt.# _____ City _____ State _____ Zip Code _____

I would like to learn more about children's ministries at LAC Yes No
I may be interested in serving in children's ministries at LAC Yes No

WHERE WOULD YOU BE ON WEDNESDAY NIGHT? _____

Emergency Contact : _____ Phone Number _____

Relationship _____

List other people that are authorized to pick up your child from activities sponsored by LAC

Name _____ Relationship to Child _____

Address _____
Street/Apt.# _____ City _____ State _____ Zip Code _____

Name _____ Relationship to Child _____

Address _____
Street/Apt.# _____ City _____ State _____ Zip Code _____

Lilburn Alliance Church

Children's Ministry Emergency Information Form

Date Completed: _____

If you are not available and a EMERGENCY arises requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person from Lilburn Alliance Church to have your child transported to that hospital and receive treatment.

Signature of Parent/Guardian _____ Date _____

INSTRUCTIONS TO PARENT:

Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.

Child's Name: _____ Date of Birth: _____

Medical Condition(s): _____

Medications currently being taken by your child: _____

Allergies/Reactions: _____

COMMENTS: _____

For office Use only

Tag # :

Enter into ACS:

Date:

User:

Visitor follow up: