

Tri-Lakes Chapel AWANA Registration



Child's Name _____ Date _____

Birth date _____ Age _____ Grade 2011-2012 _____

Parent's Names _____

Address _____

City/State/Zip _____

Home Phone _____ email address _____ @ _____

Emergency Contact _____ Relationship _____ Phone _____

Allergy/Health Information/Meds/Special Needs _____

Who is authorized to pick up your child beside parents? _____

Has your child made a profession of faith in Jesus Christ as their personal Lord and Savior? _____

Where do you attend worship on Sunday? _____

Parent Signature _____

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