



FAMILY CHURCH REGISTRATION 2010-2011

FOR KIDS IN KINDERGARTEN THROUGH 2ND GRADE

CLUBBER'S NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ E-MAIL _____ AGE _____
 BIRTHDAY ___/___/___ GRADE _____
 PARENTS NAMES _____

SPARKS ORDER FORM – CIRCLE YOUR ORDER

Vest Sizes: REQUIRED (\$9)

Small (6) Medium (8) Large (10) X Large (12) XX (14) XXX (16)

Sparks Bag \$5 (OPTIONAL)

Handbooks (circle one below) \$9.00

HangGlider w/CD (1st book) WingRunner w/CD (2nd book) SkyStormer w/CD (3rd book)

There are also workbooks available after a clubber finishes a handbook.

FEES PAID

HANDBOOK	\$9.00	_____
UNIFORM	\$9.00	_____
HANDBAG	\$5.00	_____

TOTAL DUE: _____

*Please make check out to "Family Church" and mark "AWANA" in the memo line

Scholarship _____	Cash _____	Check(# _____)	Office Use Only
Payment Received by _____	Still Due _____	Amount _____	

***ALL Scholarships must be approved by Bro. Richie or Mrs. Cindy _____

Family Church, Inc.
2500 Hwy 104
Pine Bluff, AR 71602
Permission Slip
CONSENT AND RELEASE FROM LIABILITY

I, the Parent/Guardian, of

Child DOB: ___ / ___ / ___ School Grade: _____

hereby give my approval to his/her participation in any and all activities of the church during the period of September 2010 to June 2011. I assume all risks and hazards incidental to such participation, including transportation to and from activities. I do hereby waive, release, absolve, and indemnify Family Church, Inc., its servants, and participants, as well as transporting the above named child to and from related activities, for any injury or action resulting in a medical claim. I also give the physician/hospital selected by the program supervisor permission to secure proper treatment for my child, should it become necessary. I also assume responsibility of all medical expenses incurred.

Physician's name: _____ Phone: _____

Parent/Guardian signature: **X** _____

MEDICAL CARE PERMIT

I hereby authorize emergency medical care or first-aid treatment as needed for _____ in the event of illness or injury during any sponsored activity of Family Church, Inc. This permit is in effect until I give Family Church, Inc. written notice to the contrary.

Parent/Guardian signature: **X** _____

Health Insurance Company: _____

Subscriber's Name: _____

Policy Number: _____

Insurance company's emergency phone: _____

EMERGENCY INFORMATION

	PARENTS	NEAREST RELATIVE	NEIGHBOR
NAME			
ADDRESS			
PHONE			

AWANA DATES TO REMEMBER 2010-2011

Club Nights:

September 1, 8, 15, 22, 29

October 6, 13, 20, 27

November 3, 10, 17

(Dismissed November 24 for Thanksgiving)

December 1, 8, 15

(Dismissed December 22 for Christmas Break and December 29 for New Years)

January 5, 12, 19, 26

February 2, 9, 16, 23

March 2, 9, 16,

(Dismissed March 23 for Spring Break)

April 6, 13, 27

May 4, 11

Dates for Special Events:

November 6 – AWANA Grand Prix

December 15 - Christmas Party

February 4 - Bible Quiz (Olive Branch Church) 6PM

February 9 - Valentine Party

March 12 - AWANA Games (Watson Chapel Baptist)

May 11 - End of the Year Party

May 18 – AWANA Awards Assembly 6:30 pm

May 25 – AWANA Leader's Party 6:30 pm