



**Northview Church Awana Registration
Cubbies - 2017-2018
(Ages 3-4)**

Child's Name: _____

Birthday (MM/DD/YY) ____/____/____

Parent/Guardian Name(s): _____

Address and zip code: _____

Phone: _____

E-mail address: _____

Please use this email address to remind me about Awana events.

Church: (if applicable) _____

Allergies or medical conditions: _____

I give my permission to Northview to use my child's photo in promotional materials.

I would like to serve as a volunteer or a substitute (not required).

	Price	Total
Registration Fee: <i>(covers awards and other expenses)</i>	\$20.00	
Cubbies Vest - circle size Size: S (4), M (5), L (6), XL (8), XXL (10)	\$12.00	
Handbook (CD included)	\$11.00	
Cubbies Handbook Bag (optional)	\$7.00	
Total:		

Note: These items can be paid for in increments throughout the year if that is helpful for your family.
Scholarships can be requested by emailing: awana@northviewchurch.org

Medical Release Form

To whom it may concern,

_____ (child's name) has my permission to attend the Northview Church Awana program meeting at the Briargate YMCA on Sunday evenings. If my child requires medical attention, I am notified first at this phone number _____. If I cannot be reached, this authorization gives Awana club leaders permission to seek any necessary medical aid. The signature below releases Northview Church and the Briargate YMCA from any treatment cost or liability.

Parent's Signature _____ Date: _____

Person to be contacted if I cannot be reached:

Name: _____ Phone: _____