

BROWN ROAD BAPTIST CHURCH
AWANA Registration Form and Permission Form
For January 17th, 2007 to May 16th, 2007

Please Print Clearly

Child's Name: _____ Age: ____ Grade: ____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _(_____)_____ Birthday: _____

Father's Name: _____
Home Phone: _(_____)_____ Cell Phone: _(_____)_____
Address: _____
City: _____ State: _____ Zip Code: _____
E-Mail Address: _____

Mother's Name: _____
Home Phone: _(_____)_____ Cell Phone: _(_____)_____
Address: _____
City: _____ State: _____ Zip Code: _____
E-Mail Address: _____

Do you attend church anywhere? Yes: _____ No: _____
If yes, where? _____

Emergency Information:

Emergency Contact #1: _____
Relationship to Child: _____
Phone Number(s): _(_____)_____

Emergency Contact #2: _____
Relationship to Child: _____
Phone Number(s): _(_____)_____

Emergency Contact #3: _____
Relationship to Child: _____
Phone Number(s): _(_____)_____

CONTINUED ON BACK – PLEASE TURN OVER

Does your child have any allergies to anything? Yes: _____ No: _____
If yes, then what? _____

Does your child have any medical conditions that we need to be aware of?
Yes: _____ No: _____
If yes, then what? _____

Health Insurance Information:

Health Insurance Company: _____

Phone Number: _____

Child's I.D. Number: _____ Group Number: _____

Primary Care Doctor's Name: _____

Practice Name: _____

Phone Number: _(_____)_____

Hospital Of Choice: _____

Address Of Hospital: _____

City: _____ State: _____ Zip Code: _____

Phone Number Of Hospital: _(_____)_____

Drop Off And Pick Up Information:

Please list those, **including parent's/guardian's names**, (first and last name) that are able to drop off and pick up your child: _____

I hereby agree that all of this information given is correct. I give my permission for the workers of the AWANA Program at Brown Road Baptist Church to seek medical attention for my child in the case of an emergency. I also give my permission for my child to participate in the activities of the AWANA program on the campus of Brown Road Baptist Church.

Parent's/Guardian's Signature

Date