



**GOOD NEWS BAPTIST CHURCH 2011-'12
AWANA REGISTRATION, MEDICAL,
AND PERMISSION SLIP FOR ACTIVITY**

Name: _____ Age: _____
 Birthday: _____ Grade: _____ Male or Female
 Address: _____
 City: _____ Zip: _____
 Parent/Guardian Name: _____
 Parent/Guardian Email Address _____
 Home Phone: _____
 Is child a church member? _____
 Parents Church Membership is at: _____
 Emergency contact during Awana: _____
 Phone: _____
 Physician's Name: _____
 Phone: _____
 How will your child get to Awana? _____
 Do you have any Allergies or other Medical Problems? _____

 Medication? _____

OFFICE USE ONLY

CUBBIES:
 3's
 4's

SPARKS:
 K
 1st
 2nd

TRUTH & TRAINING:

GIRLS	BOYS
3rd <input type="checkbox"/>	3rd <input type="checkbox"/>
4th <input type="checkbox"/>	4th <input type="checkbox"/>
5th <input type="checkbox"/>	5th <input type="checkbox"/>
6th <input type="checkbox"/>	6th <input type="checkbox"/>

LEADER:

I give permission for _____ to attend church-sponsored activities from SEPTEMBER 2011 through MAY 2012. I also give my permission for my son/daughter to travel to and from the church-sponsored activity in transportation provided and to receive any medical treatment deemed necessary.

SIGNED: _____ DATE: _____
 (Parent or Legal Guardian)

I agree and consent to allow Good News Baptist Church (6830 Eastern Ave, Grand Rapids, Michigan) to publish photos of my child from all AWANA events throughout the year on their internet website (www.qnbcgr.org), and in various displays within the church.

SIGNED: _____ DATE: _____
 (Parent or Legal Guardian)