



## Waycross Awana Registration Form 2019

Child's Name \_\_\_\_\_  
Birthday \_\_\_\_\_ Age \_\_\_\_\_  
Grade in school \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

By having your child participate in the Waycross Awana program, you provide authorization for photos to be taken of your child.

Parent/Guardian Signature: \_\_\_\_\_

Parent #1 Name \_\_\_\_\_  
Parent #1 Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Parent #1 Email \_\_\_\_\_ @ \_\_\_\_\_  
Parent #2 Name \_\_\_\_\_  
Parent #2 Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Parent #2 Email \_\_\_\_\_ @ \_\_\_\_\_

Please list any allergies or any other condition in which we need to be aware:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Name \_\_\_\_\_  
Emergency Contact Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Individuals Authorized to Pick-up child

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the home church of the child?

\_\_\_\_\_

How did you hear about the Waycross Awana program?

\_\_\_\_\_  
\_\_\_\_\_

*Please pay the one time registration fee of \$30  
for each child by the first night of Awana.  
Make checks payable to WayCross Evangelical Church.*