

PLEASE MAIL COMPLETED REGISTRATION  
AND PAYMENT TO ELLISTON ZION UMC  
BY AUGUST 20<sup>TH</sup>!

Date \_\_\_\_\_



# Elliston Zion United Methodist Church Awana Registration 2014-2015

**Awana Clubs:**

(circle one)



2 yrs



3-4 yrs



K-2<sup>nd</sup>



3<sup>rd</sup>-6<sup>th</sup>



7<sup>th</sup>-8<sup>th</sup>



9<sup>th</sup>-12<sup>th</sup>

Child's Name \_\_\_\_\_ M / F

Grade \_\_\_\_\_ D O B \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

I understand that I will get information/updates sent to my email regarding my child's Awana Club.

Parent's Name(s) \_\_\_\_\_

Home Church:  Elliston Zion UMC  Other \_\_\_\_\_

Member  Regularly Attend  
 Rarely Attend  Never Attend

In case of an emergency, if unable to contact me, please contact:

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Other than parent(s), who has permission to pick-up your child \_\_\_\_\_

Is there anyone who doesn't have permission to pick-up your child \_\_\_\_\_

## Medical History

Medical/Food Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Special Needs/Concerns \_\_\_\_\_

Immunizations up to date:  YES  NO If no, why \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

1) Insurance Company Name \_\_\_\_\_ ID# \_\_\_\_\_

2) Insurance Company Name \_\_\_\_\_ ID# \_\_\_\_\_

**Medical Release**

I, the parent/guardian of this registered child, authorize Elliston Zion UMC to consent to any necessary emergency medical treatment deemed advisable and under general supervision of any physician or hospital. I release Elliston Zion UMC, its officers, directors and agents from any and all civil liabilities in reference to the above medical treatment. A copy of this form will be acceptable for treatment.

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

**Photography Release**

I give permission for my child's picture to be taken at Awana and used for Awana/Elliston Zion UMC purposes only.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Transportation Release**

I give permission for my child to be transported for Awana activity.

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

**Adult Helper Information**

We could use your help! Awana asks for family member participation to make our Awana program a success. Please indicate anyone who would like to help.

Name \_\_\_\_\_ Phone \_\_\_\_\_ How often \_\_\_\_\_

Where can you/they serve  Puggles  Cubbies  Sparks  T&T  Trek  Journey  Meals  Games

\*Note: Childcare for infants – 1 year olds would be available during club for children of leaders/helpers only.\*

**Sibling Information**

Sibling Name \_\_\_\_\_ Age \_\_\_\_\_ Sibling Name \_\_\_\_\_ Age \_\_\_\_\_

Sibling Name \_\_\_\_\_ Age \_\_\_\_\_ Sibling Name \_\_\_\_\_ Age \_\_\_\_\_

**Registration Fees / Uniform Sizes**

Fees help cover the cost of uniforms, workbooks, games and rewards.

1st Child \$25 Each Additional Child \$15 \_\_\_\_\_ X \$15 = \_\_\_\_\_ + \$25 = \_\_\_\_\_  
(# of additional children)

Cubbies/Sparks: size  4  5  6  8  10 Sparks only:  12  14  16  
T&T grades 3-4: size  Y10  Y12  Y14  A SM  A MD  A LG  A XL  
T&T grades 5-6: size  YM  YL  A SM  A MD  A LG  A XL  
Trek/Journey: size  A SM  A MD  A LG  A XL  A 2XL Journey only;  A 3XL

Elliston Zion UMB Awana wants *all* children to be able to participate! Scholarships are available; please check the box and we will contact you with details! Scholarship recipient names will be held in strict confidence.  Scholarship Needed

**We accept Checks made payable to Elliston Zion UMC and Cash. Please mail completed registrations and payment to: Elliston Zion UMC Attn: Awana, 18045 W William St, Graytown, OH 43432. You can also drop off your registration to the church on Sunday mornings from 9:30 – 11:30 AM. Please contact Alison, Awana Club Commander, at 419-343-6051 or email ellistonzionawana@yahoo.com with any questions.**

Office use only: \_\_\_\_\_pd \_\_\_\_\_cash \_\_\_\_\_ck # \_\_\_\_\_ SCP \_\_\_\_\_ %  
\_\_\_\_\_shirt \_\_\_\_\_RCD