

# Keizer Community Church - Awana Registration 2021-2022

Parent's Names:	Phone 1:
-----------------	----------

Address:	Phone 2:
----------	----------

City, Zip:	Email address:
------------	----------------

Preferred contact method for general Awana information?    Phone 1     Phone 2     Email

	First Name	Last Name	Birthdate	Age	Grade
Child #1					
Child #2					
Child #3					
Child #4					

Do any of your Awana children have allergies or special needs that we should know about?

In case of emergency, if we are unable to reach you, is there someone else you would like us to contact?

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list **EVERYONE, including yourself**, who is authorized to pick up your children (must be 6th grade or older). Please include any nicknames your child might use to identify someone (i.e. "Grandma Ann").

Awana Fees:	Cubbies Age 3*-5 years	Sparks K-2nd grade	Truth & Training 3rd-6th grade
Vest or Shirt:	\$10	\$10	\$15
Book:	\$10	\$10	\$10
Dues:	\$10	\$20	\$25
Total:	\$30	\$40	\$50

\*Cubbies is a 2-yr, program before entering kindergarten. Your child must be 3 yrs. old before 9/1/21, and potty-trained.

- Payment Options:
- I would like to pay all of my child's fees now.
  - I would like to pay \$\_\_\_\_\_ now and \$\_\_\_\_\_ next month.
  - I would like to pay \$\_\_\_\_\_ each month until the fees are paid.
  - I would like assistance with my child's fees. I can pay \$\_\_\_\_\_

Office Use

Continued on back

Keizer Community Church  
Medical Release Form



As parent/guardian of \_\_\_\_\_, I give permission to Keizer Community Church (KCC) to secure medical treatment for my child in case of an emergency. I hereby waive, release, discharge any and all claims and agree to indemnify and hold harmless Keizer Community Church and its officers and agents from any and all claims, actions, damages, injuries and losses arising from my child's involvement in any church activity. I understand that my insurance is primary and that KCC's is secondary.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

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

Health Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_