



Reg. Entered by: ____ on: ____
Full ____ Schol ____ Pyt Plan ____
Name Tag ____ Em Contact ____
Email System ____

Please Print Clearly

Child's Name (First Last)	Birth Date	Gender	Grade	Allergies/Meds Special Needs

Parent(s)/Guardian(s) Name(s)	Phone Number	Email Address

Family Mailing Address	City, State Zip Code

Home Church	Cellular Carrier for Text Service	Child's School

Persons (other than parents) authorized to pick up children.	Relationship to Children	Best Phone Number	Check if emergency contact.

We are committed to helping YOU grow your child in the Lord. Here is what YOU can do to help your child.

I commit to helping my child daily with their Bible verses. _____ (Parent Initial)

I commit to getting my child to Awana on time each week. (6:25 p.m.) _____ (Parent Initial)

I commit to picking my child up on time each week. (8:00 p.m.) _____ (Parent Initial)

Parent Name _____ Parent Signature _____ Date _____

Terms and Conditions

- 1) I understand that my child/children may participate in physical activities such as those held during Game Time. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, Grace Fellowship Church and any persons involved in the Awana Club ministry.
- 2) In the event of an emergency that requires medical treatment for the above named child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the Awana volunteers to secure the services of a licensed physician to provide the care necessary for my child's well-being. I assume responsibility for all costs connected to any accident or treatment of my child.
- 3) I understand that my child's picture may be taken during the Awana year and may be used in a slideshow for the end of the year program or posted on the GFC and/or Awana website and or Facebook page.

I have read and agree to the Terms and Conditions stated above.

Grace Fellowship Church 6500 S. Miller Rd. Buckeye, AZ 85326 (623) 393-8386
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Signature of Parent/Guardian

Date



Paid in Full: _____
Scholarship: _____
Payments: _____
Received by: _____
Date: _____

Family Name: _____

The Awana program fee is \$40.00 per child. This fee includes a uniform (if beginning a new club), starter booklet, book, awards and Grand Prix Car Kit. **Book Bags** and **Extra Credit Books** are an additional fee, as they are not required for the program.

If you need to make payments, please fill in the Payment Plan Form.

Number of Children:....._____ x \$40.00 = \$ _____

Cubbies Book Bag(s):....._____ x \$ 8.00 = \$ _____

SPARKS Book Bag(s):....._____ x \$ 8.00 = \$ _____

T&T Sling Bag(s):....._____ x \$16.00 = \$ _____

Credit Card Fee Per Child:....._____ x \$ 1.50 = \$ _____

Total Due:\$ _____

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Please list each child below and mark which club they will be attending.

Child's Name (First Last)	CUBBIES (3 & 4 years)	SPARKS (K-2 nd Gr.)	T & T (3-4 th Gr.)	T & T (5-6 th Gr.)

Well Child Policy

The following guidelines should be considered when making the decision as to whether your family should participate in any Church Activity:

Fever — If your child has a fever greater than 100 degrees, your child should remain at home. If he or she has been fever-free for 24 hours (without the use of fever reducing medication), they are welcome to return to the nursery and their usual Children’s Ministry activities.

Diarrhea/Vomiting — If your child is experiencing diarrhea or vomiting, he or she should stay home until they are symptom free for 24 hours.

Conjunctivitis (eye infection) — Following a diagnosis of conjunctivitis, the individual should not be in the nursery or other church activities until he or she has taken the prescribed medicine for at least 24 hours.

Rashes — Common infectious diseases with rashes may be infectious in the early stages. If your child has a suspicious rash, please keep them at home until after a health care provider has made a diagnosis and authorized your child to be around others.

Colds — If your child is experiencing common cold symptoms, such as nasal congestion, sore throat and cough please consider keeping your child at home to avoid passing viruses on to other families. *Green discharge from the nose may be a sign of infection. Our Children’s Ministry is not able to accept a child with green discharge into class.*

Communicable Diseases—The State Health Department requires written permission from a private physician or the Health Department to return to school after having a communicable disease, including, but not limited to, measles, chicken pox, mumps, scarlet fever and impetigo.

Although GFC’s Children’s Ministries are not a school or licensed care facility, we ask that you follow these guidelines regarding communicable diseases when deciding to participate in Children’s Ministry and other church activities. These standards match the CDC’s protocol for healthcare personnel returning to work and are a good standard for all families to observe. *

I understand the above guidelines and will strive to comply to the best of my ability.

Children’s Names (Print): _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____