Awana™
Because Kids Matter to God

First Baptist Church
PLANT GROW MULTIPLY

AWANA REGISTRATION FORM

We are excited to partner with your family as children learn about Jesus, memorize Scripture, build friendships, and have fun together!

CHILD INFORMATION

Child's Full Name:
Preferred Name:
Date of Birth: Age:
Grade (Fall 2026): ☐ Male ☐ Female
School:
Has your child attended Awana before?
☐ Yes ☐ No If yes, where?

Awana Club (please check one)

☐ Cubbies — Preschool
☐ Sparks — Kindergarten–2nd Grade
☐ T&T — 3rd–5th Grade
☐ Other:

PARENT / GUARDIAN INFORMATION

Parent/Guardian #1:
Relationship to Child:
Cell Pho
Email:
Address:
City: State: ZIP:

Parent/Guardian #2:
Relationship to Child:
Cell Pho
Email:

AUTHORIZED PICKUP

In addition to parent(s)/guardian(s), the following people are authorized to pick up my child:

Name: Phon
Name: Phon
Name: Phon

Is there anyone who is NOT authorized to pick up your child?
☐ No ☐ Yes If yes

EMERGENCY & MEDICAL INFORMATION

Emergency Contact (other than parent):
Name:
Relationship to Child:
Phone:
Does your child have any allergies?
☐ No ☐ Yes If yes, please explai

Does your child have any medical conditions, dietary restrictions, physical limitations, behavioral concerns, sensory needs, or oth
☐ No ☐ Yes If ye

Medications or emergency medications we should be aware of:

Child's Physician:
Physician Phor

CHURCH INFORMATION

Does your family currently attend a church? ☐ Yes ☐ No
If yes, church name:

How did you hear about our Awana program?
☐ Friend/Family ☐ Returning Awana Family
☐ First Baptist Church ☐ School/Community
☐ Facebook/Social Media ☐ Other:

PHOTO & VIDEO PERMISSION

During Awana activities, photographs or videos may be taken for use by First Baptist Church in church publications, presentations, social media, or promotional materials.

☐ YES, I give First Baptist Church permission to photograph or record my child and use those images/videos for church-related purposes.

☐ NO, I do not give permission for my child's photograph or video to be used.

PARENT / GUARDIAN CONSENT

I give permission for my child to participate in the First Baptist Church Awana Program and its regular activities. In the event of an emergency, I authorize First Baptist Church staff or volunteers to obtain appropriate emergency medical care for my child if I cannot be reached promptly. I understand that I am responsible for providing accurate information regarding my child's medical conditions, allergies, medications, special needs, and authorized pickup persons. I understand that First Baptist Church will make reasonable efforts to provide a safe and positive environment for all children participating in Awana.

Parent/Guardian Name (Print):
Parent/Guardian Signature:
Date:

PLANTING FAITH. GROWING DISCIPLES. MULTIPLYING GOD'S LOVE.

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