2019-2020 AWANA CLUB Enrollment Form

Arumdaun Church in Bethpage, NY

Registration Due: Sunday, September 1, 2019

Arumdaun Presbyterian Church

*Name of Parent: _____
(Mother/ Father/ Guardian)

*Cell Phone: ( ) _____ - _____

* E - mail: _____

*Emergency Contact Name: _____
(Mother/ Father/ Guardian:)

*Cell Phone : ( ) _____ - _____

*Attending Church: Arumdaun Church ( )

Other Church ( ): _____

Other Religion ( ): _____ None ( )

*Mailing Address: _____

City: _____

State: _____ Zip: _____

*Nationality: KOR ( ) CHN ( ) Other ( ) Please indicate

Arumdaun AWANA CLUB

Fall: 09/06/2019 - 12/13/2019, Friday
Spring: 02/07/2020 – 05/29/2020, Friday

Time / Place
Cubbies
7:45PM – 9:30PM / Vision Center

Sparks and T&T
7:45PM – 9:30PM / Vision Center

Fee: $70 /kid/year

($50 for 2nd child, $30 for 3rd child - Children of Awana staff are free of charge)

* AWANA Office use only

Date	Cash	Check		Sign	
		No	Amount	Paid by	Rcvd by
/ /2019	$	#	$		

1st Child's Name:_____

Birth Date: _____

Gender: Male ___ Female ___

New Student ___ or Returning Student ___

Does Child have a Uniform? Yes ___ No___

Does Child have a Handbook? Yes ___ No___

Club to Attend

Cubbies: Age 3 ___ Age 4 ___ Age 5 ___

Sparks : Grade K ___Grd 1st ___ Grd 2nd ___

T & T : Grade 3rd___ Grd 4th___Grd 5th___

Name of School (or Home School):

_____

List Any Food Allergies, Health, or Behavioral

Concerns:

_____

Does Child Have a Special Need or Disability? _____

I. **I give consent** for a responsible adult at the AWANA ministry at Arumdaun Church to administer appropriate **first aid to my child when needed.** I also give consent to secure additional **emergency treatment for my child**, under the following conditions: reasonable effort has been made to find me at the Church or at home: the consensus of several adults is that care is needed prior to the probable return of the parent/guardian to pick up the child. I understand it is my responsibility to notify the classroom leaders as to where I can be reached in the event of an emergency.

***Signature** _____

***Date** _____

2nd Child's Nam:_____

Birth Date: _____

Gender: Male ___ Female ___

New Student ___ or Returning Student ___

Does Child have a Uniform? Yes ___ No___

Does Child have a Handbook? Yes ___ No___

Club to Attend

Cubbies: Age 3 ___ Age 4 ___ Age 5 ___

Sparks : Grade K ___Grd 1st ___ Grd 2nd ___

T & T : Grade 3rd___ Grd 4th___Grd 5th___

Name of School (or Home School):

_____

List Any Food Allergies, Health, or Behavioral

Concerns:

_____

Does Child Have a Special Need or Disability? _____

II. **Arumdaun Church Release Form for Use of Personal Images**. From time to time during the club year videos, photographs, and/or slides will be taken of our Clubbers. These will be used for publicity purposes only. Your signature below grants permission for Arumdaun Church to use videos, photographs, and/or slides of your child for publicity purposes.

***Signature** _____

***Date** _____

3rd Child's Name:_____

Birth Date: _____

Gender: Male ___ Female ___

New Student ___ or Returning Student ___

Does Child have a Uniform? Yes ___ No___

Does Child have a Handbook? Yes ___ No___

Club to Attend

Cubbies: Age 3 ___ Age 4 ___ Age 5 ___

Sparks : Grade K ___Grd 1st ___ Grd 2nd ___

T & T : Grade 3rd___ Grd 4th___Grd 5th___

Name of School (or Home School):

_____

List Any Food Allergies, Health, or Behavioral

Concerns:

_____

Does Child Have a Special Need or Disability? _____

(Perforated Line for Parents)

Awana Payment Receipt

Date Paid: / / 2019

Amount: $

(Cash / Check #)

Received by: _____
(Print Name)

Sign: _____