



BANDON CHRISTIAN FELLOWSHIP 2018-2019 REGISTRATION FORM

Child's Name: _____ Age: _____ Birthdate: _____ Grade: _____
 Which Club: Cubbies (3 & 4 Yrs) Sparks (K-2nd grade) T & T (3-6 grade) Trek (7-8 grade)
 Notes: _____

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Parent/Guardian Information

My Information has not changed since I completed this form last year. (Please fill out the * areas)
 I'm considering serving in Awana, but I need more information first.

*Name: _____ Home Church: _____
 Address: _____
 *Phone: _____ *Mobile: _____ *Email: _____
 *Where can you be located during AWANA? _____

Please list any instructions/information regarding the above children in their notes area that would be helpful to our staff (allergies, ADHD, physical limitations, custody info, etc.)

PARENT OR GUARDIAN MUST COMPLETE FRONT & BACK OF THIS FORM IN ORDER FOR THE CHILD(REN) TO PARTICIPATE IN THE AWANA PROGRAM

Awana Club Rules

1. Flag Ceremony starts at 7:00 pm.
2. All clubbers are to check in at their club registration tables prior to Flag Ceremony. Clubbers are urged to be on time. Late arrivals usually miss the Flag Ceremony and important announcements. Clubbers who arrive on time occasionally receive extra Awana Shares.
3. Clubbers who arrive before 7:00 pm are to play or talk quietly under the direction of the Awana leaders. (Note: Upon arrival at club, clubbers are not to leave the building or their designated areas unless accompanied by their leaders for an official Awana activity, such as an outdoor game time, nature walks, etc. Clubbers caught skipping will receive an automatic suspension. This rule is for the safety of the kids and the welfare of the club.
4. During the Flag Ceremony, all clubbers are to stand at attention, being quiet and respectful.
5. Good conduct, courtesy and cooperation must be continued during the entire club evening. Each clubber's behavior can result in extra points for their color team.
6. Clubbers are to use the hallways properly by walking and remaining quiet. There is to be ABSOLUTELY NO RUNNING in the hallways. Permission from a leader is necessary any time a clubber wishes to leave a room such as to go to the restroom.
7. Using the 5-count will be the means for getting everyone's attention. When a leader counts 1, all Leaders and Clubbers are to stop making any noise and stop moving before they get to 5.
8. The 3-count will be used to discipline unruly Clubbers. A "1" is a verbal warning; a "2" is a 5 minute time-out in which the Clubber is removed from the rest of the children; a "3" means the Clubber will be removed from the rest of the club night and placed under the care of an adult leader. The parents will then be contacted and the child sent home.
9. We ask that the parents/guardians of All Clubbers come into the building to sign-in and sign-out their children. Children will not be released until their parent/guardian comes to get them. If your child is being picked up by an individual not listed on the front of this form, you MUST send in a note giving them permission to do so. Clubbers who find it necessary to stay after club are to wait in their appointed area with Awana leadership.

I HEREBY GIVE PERMISSION for my child to participate in all regular Awana Club night activities, as well as various Awana special events and practices at dates and times other than the usual Awana hours. These additional events might include: Awana Sparks-A-Rama, Awana Games, Bible Quizzing, practices for events, Handbook Camps, special club outings, etc.

I HAVE REVIEWED CLUB RULES as listed above with my child. Should my child be disrespectful to leadership or break club rules, I agree to come and pick my child up from club.

I AUTHORIZE the use of any media (examples: photographs, videos, etc.) of Awana activities that include my minor child/children to be used in Bandon Christian Fellowship publications, displays, Facebook, brochures, website, etc.

EMERGENCY MEDICAL AUTHORIZATION: I hereby give the leadership at Bandon Christian Fellowship my permission as a parent/legal guardian to authorize emergency medical, dental, or surgical treatment, including transportation to and from a medical facility, in the event that I cannot be reached. I understand that my medical insurance is the primary carrier for my children. The child/children named above are covered by medical insurance as follows:

Insurance: _____ Policy/Group #: _____

Doctor's Name: _____ Phone Number: _____

*Parent/ Guardian Signature: _____ *Date: _____