



Cubbies Registration Form 2018-2019

(Cubbies are three-four year old preschoolers)

CHILD'S LAST NAME: _____ FIRST NAME _____ MI _____

DATE OF BIRTH ____/____/____ Age: _____ CURRENT SCHOOL GRADE _____
(Month/Day/year)

Address: _____

City: _____ State: _____ Zip: _____

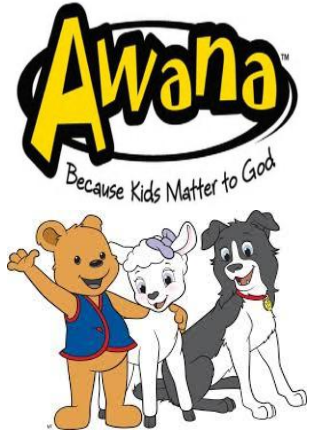
Home Phone: _____ Cell : _____

Church you attend: _____

Parent' Email _____

Is this your child's first time at Awana here at Laurel Hill Bible Church? _____

If not, when was the last year they attended? _____



Emergency Contact Information

Name of Parent(s) / Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone _____

Special Needs: _____

Food Allergies: _____

PERMISSION SECTION:

(Other than myself), **only** the following people are permitted to pick up my child from Awana Club:

Name _____ Contact number _____

Name _____ Contact number _____

Name _____ Contact number _____

Use of electronic Images:

Occasionally, photos are taken during regular club meetings, during club events and at special programs. These photos may be used in club promotional material, and/or may be posted on our church website at www.laurelhillbiblechurch.org. I give permission for my child's photo to be used in publications and/or the church's website.

PARENT / GUARDIAN **Signature:** _____ Date: _____

General Registration & Participation:

I give _____ (FULL NAME) Permission to participate in the Awana Program and any field trips taken by their club. In the event that my child would need emergency medical treatment, I authorize representatives of Laurel Hill Bible Church to administer and /or seek medical treatment. I expect to be contacted as soon as possible following the need of medical treatment for my child.

PARENT / GUARDIAN **Signature:** _____ Date: _____

Office Use Only

Registration Fee : _____ Paid by : Cash Check Number _____

Handbook Required _____