

# Awana Registration

2015 - 2016

**\*Required**

**\*CHILDREN who will be ATTENDING AWANA**

First Name	Last Name	Grade	Any Food Allergies?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**\*Address** \_\_\_\_\_ **City** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**\*Parent/Guardian's phone During AWANA** \_\_\_\_\_

**\*Parent's First Name** \_\_\_\_\_ **Last** \_\_\_\_\_

**Spouse First Name** \_\_\_\_\_ **Last** \_\_\_\_\_

Or... is this a different contact person or guardian? \_\_\_\_\_

**Other Contact or Guardian First Name** \_\_\_\_\_ **Last** \_\_\_\_\_

Email (Used only to send AWANA news and info)

\_\_\_\_\_

**Church attending on Sundays** \_\_\_\_\_ **City** \_\_\_\_\_

**\*Parent/Guardian SIGNATURE** \_\_\_\_\_

To be signed by the Parent or Legal Guardian

**First Baptist Church  
810 Woolf Court  
Rochelle, Illinois 61068**

815.562.4168

[www.firstbaptistrochelle.org](http://www.firstbaptistrochelle.org)