

Awana Registration

***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