## AWANA CLUB CONTACT INFORMATION/PERMISSION AUTHORIZATION

Clubber's Name:			
Parent/Guardian's Name:			
Address:			
Mailing Address (if different):			
Cell Phone:	Texting:	Yes	No
Home Phone:	Email:		
Birthdate:	Grade:		Age:
Church Attending:			
Medical or other information we need to know. (Ple	ease include	any food a	allergies).
May the handbook leader contact your child via pho (Note: Leaders may contact your child to see how they are do Leaders may also send correspondence such as "Birthday" or require separate authorization.) Emergency Contacts:	oing, and if they	need assista	ance with their handbook.
Name:	Phone Nun	nber:	
Name:	Phone Nun	nber:	
Who may pick up your child after Awanas?			
SIBLINGS AND AGES:			
May we have permission to photograph your child?	Yes_		No
(Signature of Parent/Guardian)	-		(Date)