



**UNIVERSITY PRESBYTERIAN CHURCH
AWANA REGISTRATION**

Parent Information

Mothers Name: _____ **Email:** _____

Telephone H: _____ W: _____ C: _____

Fathers Name: _____ **Email:** _____

Telephone H: _____ W: _____ C: _____

Address: _____
Street/Apt# City State Zip Code

Children in AWANA

1. Childs Name _____ Birthdate _____ Grade _____

2. Childs Name _____ Birthdate _____ Grade _____

3. Childs Name _____ Birthdate _____ Grade _____

4. Childs Name _____ Birthdate _____ Grade _____

Medical Information: Please list allergies, medications, etc.

AWANA Fees: Registration fees-\$100 per child, Checks made payable to "University Presbyterian Church"



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Please see reverse side

PARENTS: AWANA is hugely reliant on parent involvement. Please check an area that you can commit to.

Volunteer Opportunities: Father/Mother

I would like to help commit to AWANA on a weekly basis

Please call me if you are shorthanded any particular night

I want to help volunteer in the AWANA store every other month

I would like to lead Bible group lessons
*once a month (*dependent on sign-ups)

Emergency Contact: NAME: _____ Phone: _____