



Come Join Awana!

AWANA REGISTRATION NOW OPEN July 27 – September 23, 2018 (Registration Forms attached)

- Who:** Children/Youth - Ages 2-17 (**All children must be potty-trained**)
- What:** Awana is an evangelism and long-term discipleship program that actively involves parents and church leaders in the spiritual growth of our children and youth.
- When:** Wednesdays from **7:00-8:30pm NEW TIME!** (Oct. 3, 2018 through May 29, 2019)
- Where:** Mt. Calvary Baptist Church, 5120 Whitfield Chapel Rd, Lanham, MD 20706
- Cost:** \$20.00 per child/youth (**cash or checks made payable to "MCBC" please put Awana in the memo section of the check**). Financial assistance available, please contact Pastor Cato or Pastor Norris for more information.
- Register:** **On-site** directly after church service on Sundays. **By mail or drop off** to the Church Office (address above) Monday through Friday during regular business hours. Registration Forms must include payment. **NO** cash for mailed Registration Forms – checks only. **Registration ends September 23, 2018.**

Registration Forms will also be available in the church foyer or online at
<http://www.mtcalvarybaptistmd.org/>.

Parent/Caregiver Information

Mother/ Caregiver 1 Full Name			
Father/ Caregiver 2 Full Name	Last	First	M.I.
Address	Last		First
	Street Address		Apartment/Unit #
	City	State	ZIP Code
Home Phone	()	Alternate Phone	()
Mother/Caregiver 1 Work Phone	()	Father/Caregiver 2 Work Phone	()
Mother/Caregiver 1 Email Address			
Father/Caregiver 2 Email Address			
Emergency Contact (Nearest adult relative/person not residing in the home)			
Full Name			
	Last	First	M.I.
	Address		
Street Address			Apartment/Unit #
City	State	ZIP Code	
Primary Phone	()	Alternate Phone	()
Relationship			
Medical Information (child's number must correspond to the name listed on the registration form)			
	Child 1 BIRTHDAY (MM/DD)	Child 2 BIRTHDAY (MM/DD)	Child 3 BIRTHDAY (MM/DD)
Are there any health issues/concerns (i.e., seizures, asthma, allergies)?	Child 1 (First Name)	Child 2 (First Name)	Child 3 (First Name)
	<input type="checkbox"/> no <input type="checkbox"/> yes If yes, explain	<input type="checkbox"/> no <input type="checkbox"/> yes If yes, explain	<input type="checkbox"/> no <input type="checkbox"/> yes If yes, explain
Is your child currently taking any medication?	Child 1 (First Name)	Child 2 (First Name)	Child 3 (First Name)
	<input type="checkbox"/> no <input type="checkbox"/> yes If yes, explain	<input type="checkbox"/> no <input type="checkbox"/> yes If yes, explain	<input type="checkbox"/> no <input type="checkbox"/> yes If yes, explain

PICK-UP AUTHORIZATION & RELEASE FORM

CHILD'S NAME: _____

CHILD'S NAME: _____

CHILD'S NAME: _____

I give the following individuals permission to pick up my child from Awana (Must be 18 years of age or older):

NAME: _____

PHONE: _____

RELATIONSHIP: _____

NAME: _____

PHONE: _____

RELATIONSHIP: _____

NAME: _____

PHONE: _____

RELATIONSHIP: _____

NAME: _____

PHONE: _____

RELATIONSHIP: _____

NAME: _____

PHONE: _____

RELATIONSHIP: _____

(Parent/Caregiver's Printed Name)

(Parent/Caregiver's Signature)

(Date)