

Prestonwood AWANA Registration 2007-2008

- New Registration
 Re-registration - Previously enrolled in PBC AWANA Club
 Transfer from another AWANA program

CUBBIES

- 3 YRS
 PRE-K 4
 PRE-K 5

SPARKS

- K
 1ST
 2ND

CLUBBERS

- 3RD
 4TH
 5TH
 6TH

CHILD INFORMATION

Date _____

Address Correction

Children's Choir Member

NAME _____ SEX _____ BIRTH DATE _____ AGE _____ HOME PHONE _____

ADDRESS _____ APT _____ CITY _____ ZIP _____

CHURCH MEMBERSHIP _____

SIBLINGS ENROLLED IN Prestonwood AWANA

FOR ACC USE ONLY

NAME	AGE	GRADE	TEAM

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PARENT/GUARDIAN VOLUNTEER INFORMATION

It is required in the AWANA program that parents volunteer in their child's room at least once a month per child (maximum of twice a month per family). It is also a requirement of Prestonwood that a Confidential Volunteer Application be on file for each person working in the Children's Ministry. A PARTICIPATION FORM IS ALSO REQUIRED FOR EACH CHILD.

NAME _____ E-MAIL ADDRESS *(To receive monthly volunteer reminders and special announcements)* _____

DAYTIME PHONE _____ HOME PHONE _____ CELL PHONE _____

- Check here if you are an AWANA leader.
 Check here if you are a choir member.
 (Choir members are only asked to work between 6:30 and 7:00 p.m.)

VOLUNTEER SCHEDULE (If you have more than one child, please choose two weeks.)

- Week 1 of every month
 Week 2
 Week 3
 Week 4
 Flexible

Would you be willing to work in a room other than your child's room if needed? Yes No

Would you be willing to work the additional fifth week in appropriate months? Yes No

I understand and agree to meet these requirements. I have signed my participation form, paid the store fee, and completed the volunteer application form. (The AWANA store fee is \$14 per child, with a family maximum of \$30.)

SIGNED _____ DATE _____

Now is the time to make any special request! Please take the time now to write down one leader or friend that you would like your child to be with. We will attempt to honor your request; however, there are no guarantees.

FOR ACC USE ONLY:

CLUB AC AIM
 TEAM M D Part
ROOM _____
Cash _____
Check Number _____
Credit _____