

Last Name: _____

AWANA Registration for Cubbies, Sparks, and T & T
September 2009-May 2010
Calvary Chapel Corona

	Child #1	Child #2	Child #3	Child #4
First Name:				
Last Name:				
Date of Birth:				
Grade in Sept. '09:				
Circle one:	Boy Girl	Boy Girl	Boy Girl	Boy Girl
Circle age group: (Cubbies must be 3 by Dec. 1st, 2009)	Cubbies (Ages 3-4) Sparks (K-2nd) T & T (3rd-6th)	Cubbies (Ages 3-4) Sparks (K-2nd) T & T (3rd-6th)	Cubbies (Ages 3-4) Sparks (K-2nd) T & T (3rd-6th)	Cubbies (Ages 3-4) Sparks (K-2nd) T & T (3rd-6th)
Allergies or Medical Issues:				
Other Instructions:				

	Mother	Father
First Name		
Last Name		
Home Phone		
Cell Phone		
Street Address		
City & Zip		

Home Church: _____

Alternate contact on Wed. nights:

Name: _____

Phone: _____

Parent Consent and Medical Release

I/We, Parents/Guardians of the above named children, do hereby authorize Calvary Chapel/designee as agents for the undersigned to consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by special supervision of any physician or qualified surgeon licensed by the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care rendered, but it is given to provide authority and power to the aforesaid agents to give consent to any and all such diagnoses, treatment or hospital care which the aforementioned physician in the exercise of his best judgement may deem advisable. This authorization is given pursuant to the provisions of Sec. 25.8 of the Civil code of the State of California.

Parent Signature: _____

Date: _____

Doctor: _____

Dr.'s Phone#: _____

Insurance Co: _____

Policy #: _____

Registration Fees (make checks payable to Calvary Chapel Corona)

	Starting 1st Quarter:	Starting 2nd Quarter:	Starting 3rd Quarter:	Starting 4th Quarter:
Cubbies/Sparks Reg.	\$20.00	\$15.00	\$10.00	\$5.00
Truth & Training Reg.	\$25.00	\$18.75	\$12.50	\$6.25
Dues: \$0.50/wk. or	\$15.00	\$11.25	\$7.50	\$3.75

Fees include awards, classroom supplies, etc. Handbooks and uniforms are not included.

Date _____ Amount Pd. _____ Pd. Reg. Only _____ Pd. Reg. & Dues _____

Visitors may attend twice at no charge.