

Awana Registration Form



Date: _____

Name: _____ Age: _____ Grade _____

Address: _____

Home Phone #: _____

Email: _____

Father's name: _____

Father's Phone #: _____ home ___ cell ___ work ___

Phone #: _____ home ___ cell ___ work ___

Mother's name: _____

Mother's Phone #: _____ home ___ cell ___ work ___

Phone #: _____ home ___ cell ___ work ___

Does this child have any medical issues or allergies (food, etc.)?

Has your child been a part of Awana before? _____

Does your family have a home church? _____

If yes where? _____

In your personal opinion what do you believe it takes for a man or woman to enter the gates of Heaven?