

AWANA Registration Form 2018-2019

Parent/Legal Guardian Information

Name of Guardian:		Relationship to child:	
Address:		Email:	
City:	State:	Zip:	
Home Phone:		Mobile Phone:	
Do you attend a church? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you attend Hoffmantown? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Church (other than Htown):	

Emergency Contact (other than parent; parents will be contacted first)

Emergency Contact 1:	Phone:	Relationship to child:
Emergency Contact 2:	Phone:	Relationship to child:

Clubber Information

Name of Child #1:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Club: ____ Puggles (2s) ____ Cubbies (3-PreK) ____ Sparks (K-2 nd) ____ T&T (3 rd – 6 th) ____ Trek (6 th -8 th)	
Age:	Grade:	Birthdate:			
Allergies (state none if none) or Special Information (Medications, activity restrictions):					

Name of Child #2:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Club: ____ Puggles (2s) ____ Cubbies (3-PreK) ____ Sparks (K-2 nd) ____ T&T (3 rd – 6 th) ____ Trek (6 th -8 th)	
Age:	Grade:	Birthdate:			
Allergies (state none if none) or Special Information (Medications, activity restrictions):					

Name of Child #3:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Club: ____ Puggles (2s) ____ Cubbies (3-PreK) ____ Sparks (K-2 nd) ____ T&T (3 rd – 6 th) ____ Trek (6 th -8 th)	
Age:	Grade:	Birthdate:			
Allergies (state none if none) or Special Information (Medications, activity restrictions):					

Name of Child #4:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Club: ____ Puggles (2s) ____ Cubbies (3-PreK) ____ Sparks (K-2 nd) ____ T&T (3 rd – 6 th) ____ Trek (6 th -8 th)	
Age:	Grade:	Birthdate:			
Allergies (state none if none) or Special Information (Medications, activity restrictions):					

Terms and Conditions

(1.) I consent to and approve my child/children's taking part in any and all activities conducted by HOFFMANTOWN CHURCH ("CHURCH") AWANA Clubs. I understand that my child/children may participate in physical activities such as those held during Game Time. As with any physical activity, there is a risk of injury. I fully accept this risk and consent to the treatment of any minor injuries of my child/children, and release, hold harmless and indemnify AWANA and the Church and their officers, directors, agents, employees and volunteers from any and all liability, claims and costs arising from or growing out of such treatment. In the event of an emergency that requires medical treatment for the above named child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the Awana volunteers to secure the services of a licensed physician to provide the care necessary for my child's well being. I assume responsibility for all costs connected to any accident or treatment of my child. **(2.)** I understand that any off-property Awana excursions will be communicated with me beforehand and I will be required to sign a separate medical release form in order for my child to participate in those excursions. **(3.)** I give permission for photo(s) of my child/children to appear among other general club photos in any and all church media as long as there is no identifying information published by Hoffmantown. I hereby waive any causes of action I may have because of the use of my child's photograph. **(4.)** Hoffmantown encourages parents to stay on campus during club. Please feel free to take a Bible study or relax in the fellowship mall during this time.

I have read and agree to the Terms and Conditions stated above.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

2018-19 AWANA ORDER FORM

Parent's Name _____

	<u>Quantity</u>	<u>\$ Amount</u>
1. Registration Fee	_____	\$ _____
1 child \$30.00 2 children \$50.00		
3 children \$65.00 4 or More \$70.00		

2. Books		
<i>Puggles book is optional-see below</i>		
Cubbies (Honeycomb): \$11.00		
Book 1 (2018-19)	_____	\$ _____
Sparks (K-2nd grade): \$11.00		
Book 1	_____	\$ _____
Book 2	_____	\$ _____
Book 3	_____	\$ _____
T & T Adventure (3rd, 4th, and 5th grade): \$11.00		
Book 3(all 3 rd , 4 th , 5 th graders will complete book 3 for 18/19)	_____	\$ _____
T & T Challenge (previously enrolled 6th grade): \$11.00		
Book 2	_____	\$ _____
Trek (6th-8th grade): \$17.00		
Current Book	_____	\$ _____

3. Uniforms		
Puggle T shirt (available in sizes: 2T, 3T, 4T, 5T, 6T) \$13.00		
	Size: _____	\$ _____
Cubbie Vest (ages 3-4) (available in sizes: sm(4), med (5), lg (6), x-lg (8), xx-lg (10) \$12.00		
	Size: _____	\$ _____
Sparks Vest (K-2nd grade) (available in sizes: sm(6), med(8), lg(10), x-lg(12), xxlg(14), xxxlg(16) \$12.00		
	Size: _____	\$ _____
T & T Adventure Jersey (3rd & 4th grade): (available in sizes: youth: 10,12,14 or adult small-xlarge) \$17.00		
	Size: _____	\$ _____
T & T Challenge Jersey (5th - 6th grade): (available in sizes: youth: 10,12,14 or adult small-xlarge) \$17.00		
	Size: _____	\$ _____

<i>Trek does not wear uniforms</i>		
4. OPTIONAL purchases		
Puggles at Home Cards	\$15.00	_____ \$ _____
Puggles Backpack	\$9.00	_____ \$ _____
Cubbies Handbook Bag	\$8.00	_____ \$ _____
Sparks Handbook Bag	\$7.00	_____ \$ _____
T & T Sling Bag	\$9.00	_____ \$ _____
AWANA Drawstring bag	\$6.00	_____ \$ _____
Trek Sling Bag	\$14.00	_____ \$ _____
Badge Magic- never iron or sew on a badge	\$3.00 per sheet	_____ \$ _____

Total Amount Due from sections 1-4 \$ _____

2018-19 PAYMENT METHOD FORM

Parent's Name: _____

Payment Method:

____ Cash ____ Check

Please make checks payable to "Hoffmantown Church" with "AWANA" in the memo line.

Confidential Financial Assistance

No child will go without the required handbook/uniform because of financial hardship. If you are unable to pay some or all of the registration fees for club, please check the appropriate line below and sign.

____ Delayed Payment

I am not able to pay at this time, but make the following payment commitment:

____ Scholarship Request

I am not able to pay the full amount and request a scholarship for

\$ _____ for registration fees (includes books and uniforms). Please include a letter indicating why your child would like to attend and how your child will benefit from AWANA. *Hoffmantown does not issue full scholarships. Please consider what you can afford.*

Signature of Parent or Guardian _____

Note: Our Awana Ministry Director and Children's Council will review the scholarship requests and contact you.

OFFICE USE ONLY:

Payment Amount Due: _____ Payment Received Date: _____

Form of Payment: Cash Check # _____ Scholarship Amount _____

Person receiving payment: _____

