AWANA Registration Form 2022-2023

Parent/Legal Guardian Information								
Name of Parent(s) or Guardian(s):			Relatio	onship to child:				
Address:			Email:					
City:			State: Zip:					
Parent/Guardian #1 Cell:			Parent/Guardian #2 Cell:					
Do you attend a church? Do you attend Hoffmantown? 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:	Phone: R		Relationship to child:			
		Clubbe	er Information					
Name of Child #1: Gender: Select Club and Bible Translatic								
Age:	Grade:		D Male Birthdate:	□ Female	Puggles (2's) Cubbies (3's-4's) Sparks (K-2 nd) □NKJV □ NIV			
Allergies (state none if none) or Spec	lergies (state none if none) or Special Information (Medications, activity restrictions):							
Name of Child #2:		Gend	er:		Trek (6 th -8 th) DNKJV NIV			
				□ Female	Puggles (2's)			
Age:	Grade:		Birthdate:		Cubbies (3's-4's) Sparks (K-2 nd) □NKJV □ NIV			
Allergies (state none if none) or Special Information (Medications, activity restrictions):T&T (3 rd – 5 th) \Box NKJV \Box NI Trek (6 th -8 th) \Box NKJV \Box NI								
Name of Child #3:	Gend	ler:	□ Female	Select Club and Bible Translation:				
Age:	Grade:		Birthdate:		Puggles (2's) Cubbies (3's-4's) Sparks (K-2 nd) □NKJV □ NIV			
Allergies (state none if none) or Spec	Medications, activi	ty restrictions):						
Name of Child #4: Gender: Select Club and Bible Translation:								
A			Male Female		Puggles (2's) Cubbies (3's-4's)			
Age:	Grade:		Birthdate:		Sparks (K-2 nd) DNKJV NIV			
Allergies (state none if none) or Special Information (Medications, activity			ty restrictions):		T&T (3 rd – 5 th) □NKJV □ NIV Trek (6 th -8 th) □NKJV □ NIV			
		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 sign a separate medical release form in order for my child to participate in those 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.								
Printed Name of Parent/Guardian Signature of Pa			arent/Guardian		Date			

2022-2023 AWANA ORDER FORM

Parent's Name **\$** Amount Quantity **Registration Fee** 1. Registration Fee is prorated to half after January 1 of each year. \$ 1 child \$30.00 2 children \$50.00 3 children \$65.00 4 or More \$70.00 2. Books Puggles book is optional-see below **Cubbies: \$11.00** Honeycomb (2022-2023) \$ Sparks (K-2nd grade): \$11.00 Book 1 (all kindergarteners) Book 2 (all 1st graders) Book 3 (all 2nd graders) **T & T Adventure** (3rd, 4th, and 5th grade): **\$11.00** All 3rd, 4th, and 5th graders will complete the same book. \$ Trek (6th-8th grade): **\$11.00** All Middle schoolers will complete the same book. \$ 3. **Uniforms** All uniforms run small, size up. Remember your child wears the same uniform for all years of each program. **Puggle T shirt** (available in sizes: 2T, 3T, 4T, 5T, 6T) **\$12.00** Size: \$ **Cubbie Vest** (ages 3-4) (available in sizes: sm(4), med (5), lg (6), x-lg (8), xx-lg (10) **\$13.00** Size: \$ Sparks Vest (K-2nd grade) (available in sizes: sm(6), med(8), lg(10), x-lg(12), xxlg(14), xxxlg(16) \$13.00 Size: \$ T & T Jersey (3rd, 4th, 5th grade): (available in sizes: youth: 10,12,14 or adult small-xlarge) **\$18.00** Size: \$ Trek T Shirt (6th-8th grade): (available in sizes: adult small-xxlarge) \$17.00 Size: \$ Trek does not wear uniforms 4. **OPTIONAL** purchases Puggles at Home Cards (recommended) \$14.00 **Puggles Backpack** \$11.00 Cubbies Handbook Bag \$7.00 \$ Sparks Handbook Bag \$7.00 \$ T & T Sling Bag \$14.00 \$ AWANA Drawstring bag \$7.00 \$ Trek Sling Bag \$14.00 \$

Total Amount Due from sections 1-4 \$_____

2022-2023 PAYMENT METHOD FORM

Parent's Name: _____

Payment Method:

____ Cash ____ Check ____ Credit Card (only available registration night) 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/ Payment Plan 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). <u>Please include a letter indicating why your child would like to attend and</u> <u>how your child will benefit from AWANA</u>. *Hoffmantown does not usually issue full scholarships*. *Please consider what you can afford no matter how small the amount*.

Signature of Parent or Guardian ___

Note: Our Awana Ministry Director, Kids Ministry Staff, and Acting Kids Ministry Pastor will review the scholarship requests and contact you.

OFFICE USE ONL	Y:					
Payment Amount Due:				Payment Received Date:		
Form of Payment:	□ Cash	□ Check #	_Credit Card	Scholarship Amount		
Person receiving payment:						