

# AWANA Registration Form

Coshocton Baptist Church

Child's Name: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone Numbers                      Child's Date of Birth: \_\_\_\_\_

Home #: \_\_\_\_\_                      Child's Current Grade: \_\_\_\_\_

Cell #: \_\_\_\_\_                      May we have permission to photograph your  
child? Yes / No

Work #: \_\_\_\_\_                      May we use these photographs for the  
purpose of promotion? Yes / No

E-Mail: \_\_\_\_\_

## Emergency Contacts

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

**Medical Information:** Medical or other information we need to know about  
your child \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_