

AWANA REGISTRATION FORM

Today's Date _____

1. Child's Full Name _____
Date of Birth _____ Age & Grade _____ Male Female
Allergies/Health Concerns _____

2. Child's Full Name _____
Date of Birth _____ Age & Grade _____ Male Female
Allergies/Health Concerns _____

3. Child's Full Name _____
Date of Birth _____ Age & Grade _____ Male Female
Allergies/Health Concerns _____

4. Child's Full Name _____
Date of Birth _____ Age & Grade _____ Male Female
Allergies/Health Concerns _____

Parent(s)/Guardian(s) _____
 Married Single

Home Phone _____ Cell Phone _____

Street Address _____

City, State, Zip _____

Email Address _____

RELEASE INFO: We will not release your child to anyone without the identification number you receive when registering.

PLEASE MAIL COMPLETED FORM AND PAYMENT TO: Mt. Zion Church, 428 Shepherd Road, Xenia OH, 45385