

# AWANA Registration Form 2026/2027

Sunday Evenings from 5:00-6:30pm | for children 5K thru 6th grade

Cost: \$30 per child to be paid on the first day of the program.



## Participant Information

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Gender: M\_\_\_\_ F\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

My Child will be in (circle one): Sparks (5k-2<sup>nd</sup>) / TNT (3<sup>rd</sup>-6<sup>th</sup>)

School: \_\_\_\_\_

Brought By: \_\_\_\_\_

## Medical Release Form for Grace Evangelical Free Church

### Parental Authorization:

I hereby give my permission for (Child's name) \_\_\_\_\_ to participate in the AWANA club at Grace Church during the 2026-2027 school year. This approval remains in effect for the entire year or until I indicate so in writing and have received a signed copy of my letter.

I agree not to hold Grace Church responsible for any accidents. In the case of an emergency, I hereby authorize and give my consent to the AWANA Commander or Leaders to take action on my behalf and give my child ALL the necessary medical attention required.

Are you aware of any physical condition, recent illness, allergy (please list), or disability which could present a problem during AWANA clubs? Yes\_\_\_\_ No\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is your child presently using any prescribed medication? Yes\_\_\_\_ No\_\_\_\_

If yes, please list: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is your child up to date on shots? Yes\_\_\_\_ No\_\_\_\_ Date of last tetanus: \_\_\_\_/\_\_\_\_/\_\_\_\_

Doctor's Name / Hospital \_\_\_\_\_

Family Insurance Company \_\_\_\_\_

Policy Holder / Policy ID# \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Parent or Legal Guardian Information

First and Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Numbers (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Home Church: \_\_\_\_\_ Would you like the pastor to visit: YES or NO

If not available, in an emergency, contact: (Name) \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

### Dear Parents,

We are looking forward to a great AWANA program this year. For the safety of all participants, children and adults alike, there are guidelines in place. Please read the following information carefully, and sign the bottom of the sheet. We are blessed that you are entrusting your loved ones with us, and assure you that we will do our utmost to provide a fun and safe environment for them.

On the first night, please bring your students to the Fellowship Hall for check-in with our staff. If we do not already have it, we will need a signed copy of this form, along with the fees for the program. Our program runs from 5:00-6:30 pm.

**Drop-off & Dismissal Procedure will proceed as follows\*:** **DURING DROP-OFF**, vehicles should enter the church parking lot from the Ellis Street entrance. Pull up to the south overhang by the Fellowship Hall to drop off your student(s), then leave via the 18<sup>th</sup> St parking lot exit. **DURING PICKUP**, vehicles should enter the church parking lot from the Ellis Street entrance and find a parking spot near the Fellowship Hall entrance on the West side closest to the building. The designated parent or guardian picking up your student(s) should remain in their vehicles, and an AWANA volunteer will ask for the student(s) name(s). Each group will be loaded by AWANA volunteers, and then vehicles can proceed to the 18th St. parking lot exit. One-way traffic flow will help keep everyone safe! (\*See the diagram on page four for a map with the traffic flow pattern.)

**No child will be dismissed without a parent or designated guardian present to pick them up.**

**Our program cannot be successful without active parental participation!** It takes a team to run a successful & thriving ministry. Volunteering at AWANA is a great place to get involved and learn right alongside your child(ren). We are asking parents to volunteer at least one Sunday a month throughout the AWANA season.

Please contact our AWANA Commander, Jean Titel, to schedule your preferred dates.

*"I understand the above guidelines and am registering my child for AWANA at Grace Evangelical Free Church."*

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

\_\_\_\_\_  
Date MM/DD/YYYY

## Health & Safety Practices

***Here is what we are doing at Grace to help prevent the spread of illness during AWANA.***

- During AWANA, everyone will be encouraged to frequently sanitize or wash their hands.
- Adults and children are welcome to wear masks, if they choose.
- We request that volunteers and families who are experiencing symptoms of illness (see below for an example) stay home until symptoms subside (*i.e., fever-free for at least 24 hours without fever-reducing medication*).

We have plans in place should our face-to-face meetings be restricted to online/remote only.

I further acknowledge that Grace Evangelical Free Church (Grace EFC) has put in place preventative measures to reduce the spread of illness.

I further acknowledge that Grace EFC cannot guarantee that my child will not become ill due to their participation in weekly AWANA gatherings. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 or other illness may result from the actions, omissions, or negligence of myself and others, including, but not limited to, church volunteers and staff, and other children attending AWANA and their families.

I voluntarily send my child to attend AWANA at Grace EFC and acknowledge that we must comply with all set procedures to reduce the spread of illness while attending AWANA.

### **I attest that:**

- If my child or anyone in our household is experiencing any symptoms of illness such as: cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell, we will keep them home from the weekly AWANA meeting.
- We will notify the AWANA leadership team if our child(ren) will not be attending.

*"I hereby release and agree to hold Grace EFC harmless from, on behalf of myself, my heirs, and any personal representatives, any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the church, or that may otherwise arise in any way in connection with Grace EFC."*

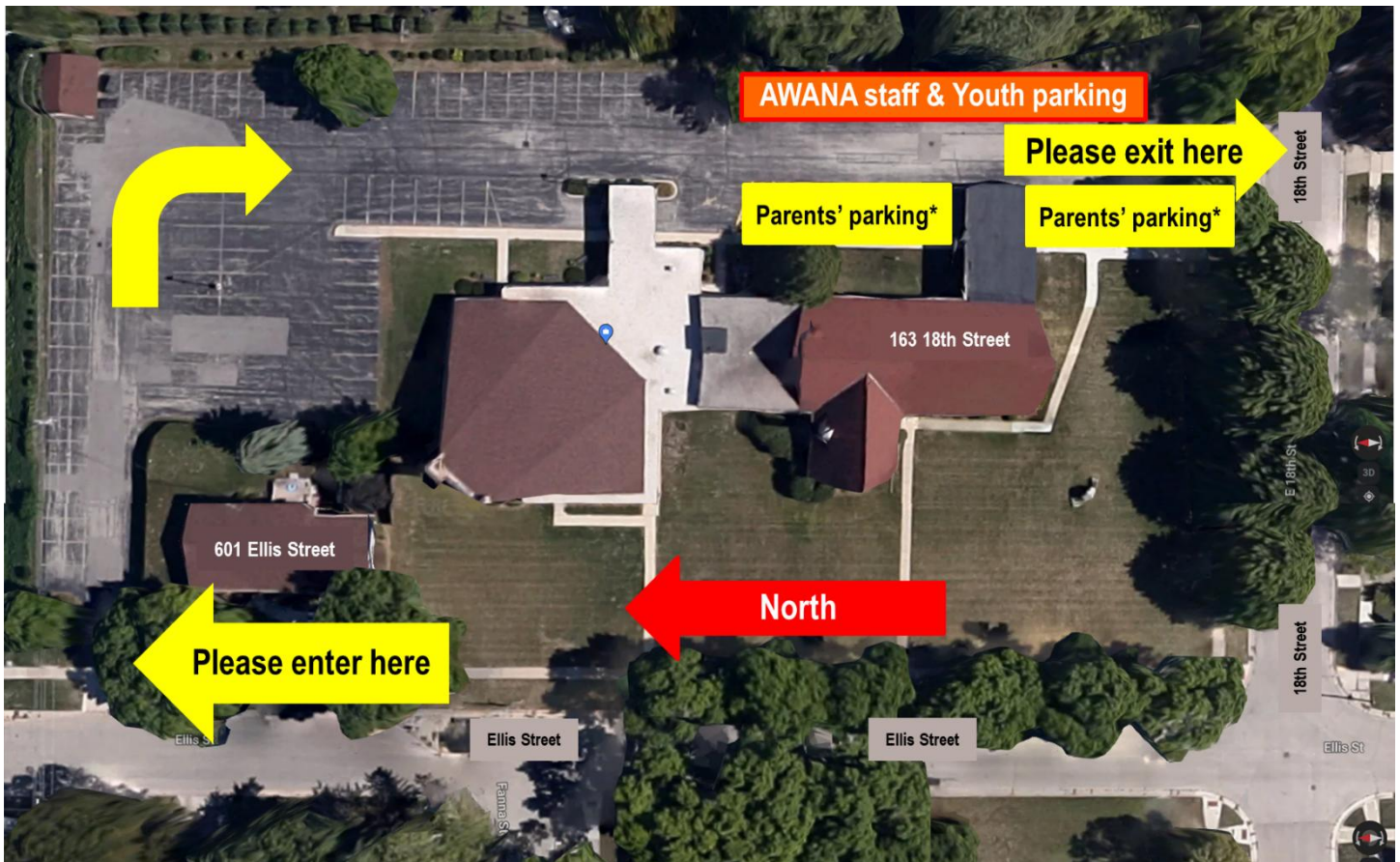
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Parent/Guardian Signature

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Date MM/DD/YYYY

## Traffic Flow Procedure



**DURING DROP OFF**, vehicles should enter the church parking lot from the Ellis Street entrance. Pull up to the south overhang by the Fellowship Hall to drop off your student(s), then leave via the 18<sup>th</sup> St parking lot exit.

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