

AWANA Registration Form 2025-2026

Parent/Legal Guardian Information					
Name of Parent/Guardian: (Please Print)			Relationship to child:		
Address:			Email:		
City:		State:		Zip Code:	
Phone:			Preferred Method(s) of Contact: <input type="checkbox"/> Phone call <input type="checkbox"/> Text <input type="checkbox"/> Email		
Do you attend a church? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you attend New Buffalo Alliance: <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Church (other than NBA):	
Emergency Contact (Other than parent)					
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: <input type="checkbox"/> Cubbies (3yrs-PreK) <input type="checkbox"/> Sparks (K-2 nd) <input type="checkbox"/> T&T (3 rd – 6 th)
Age:	Grade:		Birthday:		
Allergies (state none if none) or Special Information (Medication, activity restrictions):					
Name of Child #2:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Club: <input type="checkbox"/> Cubbies (3yrs-PreK) <input type="checkbox"/> Sparks (K-2 nd) <input type="checkbox"/> T&T (3 rd – 6 th)
Age:	Grade:		Birthday:		
Allergies (state none if none) or Special Information (Medication, activity restrictions):					
Name of Child #3:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Club: <input type="checkbox"/> Cubbies (3yrs-PreK) <input type="checkbox"/> Sparks (K-2 nd) <input type="checkbox"/> T&T (3 rd – 6 th)
Age:	Grade:		Birthday:		
Allergies (state none if none) or Special Information (Medication, activity restrictions):					
Name of Child #4:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Club: <input type="checkbox"/> Cubbies (3yrs-PreK) <input type="checkbox"/> Sparks (K-2 nd) <input type="checkbox"/> T&T (3 rd – 6 th)
Age:	Grade:		Birthday:		
Allergies (state none if none) or Special Information (Medication, activity restrictions):					
Please list the names and relations of all people who are permitted to transport your child home after club (use the back if you need more space): 					
May we add your phone number to our system to send you an automated call in case Awana would need to be canceled for whatever reason? (This is how we intend to contact you in the event of a closure or cancelation throughout the Awana year.) Please circle one: Yes or No					
Liability Waiver					
1. The child(ren) listed above have my permission to participate in all the activities of the AWANA Clubs at New Buffalo Alliance Church. In the event of any injury, I release the New Buffalo Alliance Church from all liability and will turn the claim in to my insurance company. 2. I grant New Buffalo Alliance Church permission to use my child(ren)'s photograph in any and all media for the purposes of advertising and promoting New Buffalo Alliance AWANA Clubs. <input type="checkbox"/> Yes <input type="checkbox"/> No					
Printed Name of Parent/Guardian		Signature of Parent/Guardian		Date	