

Club _____



Hillcrest Covenant Church
1515 N. First Street
DeKalb, IL 60115
815-756-5508

Child's Name: _____ Birthdate: _____ Age: _____

Parent/Guardian Name(s): _____ Vest Size (Cubbies only) 4 5 6 7 8 10
Shirt/Vest Size (Sparks or T&T) 6 8 10 12 14 16

Address: _____ City, State, Zip: _____

Phone: _____ Cell Phone: _____

Email Address: _____

Grade Level for 2009/10: _____ Current Church: _____

Emergency Contacts and adults authorized to pick up your child: (Parent/Guardian will be attempted to be contacted first.)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Known food allergies or medical/physical needs: (Awana leaders are not permitted to administer any medications.)

I understand the goal and purpose of Awana Clubs. I authorize my child to participate in the Hillcrest Covenant Church Awana Club for the 2009/10 school year. I will support my child through this program and adhere to the Hillcrest Covenant Church guidelines.

Parent/Guardian Signature: _____ Date: _____

For Secretary Use Only			
Date Registration Paid: _____	Amount Paid: _____	Cash: _____	Check #: _____
PMTPL _____	SCHSHP _____		