



Registration 2019-2020

*Registration opens August 1, 2019 and will close when we are full. No registrations will be accepted after September 25, 2019.

CHILD Register one child per form please.

Last Name	First Name
Street Address	City
Postal Code	Birth date (YYYY/MM/DD)
Grade in Sept. 2019	Gender (Circle) MALE FEMALE
Home Church	FOR T&T ONLY - Shirt Size (Circle) Youth Sizes S M L
Allergies or Health Concerns (Please list conditions here and provide any details on the <i>Medical Consent Form</i> .)	
FOR CUBBIES ONLY – Is your child toilet-trained? (Circle) YES NO	

PARENT(S) OR GUARDIAN(S)

Name:	Phone (Cell):
Name:	Phone (Cell):
Email:	Phone (Home):

EMERGENCY CONTACT (if parent(s)/guardian(s) cannot be reached.)

Name	Telephone
------	-----------

FOR OFFICE USE ONLY

AWANA Group:	AWANA Book:
Cubbies: Book (\$12), Vest (\$12), Bag (\$7)	Registration Fee: \$80/child, \$100/2 children. Maximum of \$150/family.
Sparks: Book (\$12), Vest (\$12), Optional Bag (\$7)	Registration Fee charged on sibling's form: <input type="checkbox"/>
T&T: Book (\$12), Shirt (\$18), Optional Sling Backpack (\$10)	Payment amount due: \$ _____
	<i>Paid by:</i> <input type="checkbox"/> Cash <input type="checkbox"/> Cheque (Payable to BSBC)

All fees and forms must be handed in before child attends AWANA. (See Reverse)

AWANA

Authorization and Medical Consent Form

For the school year 2019-2020

Child's Name: _____

Allergies / Physical, Emotional Concerns / Limitations:

Is your child bringing any medication with him/her? If yes, please list:

I/we the parents or guardians named above, authorize one of the Children's Ministry Volunteer Staff to sign a consent form for the medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we understand and agree to indemnify and hold blameless the Ministry Staff (paid or volunteer), Benton Street Baptist Church, its Pastors and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Benton Street Baptist Church, as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in events sponsored by Benton Street Baptist Church.

I/we give consent to have photos taken of my child during AWANA club to be used solely within the AWANA program (bulletin board posters, church media presentations, etc).

I/we have read, understood and agree with the above and sign it to cover all AWANA activities for my children during the program year as stated above.

I/we agree to be added to Benton Street Baptist Church's AWANA email list.

Signed

Date