



Moscow Awana Clubber Registration

Registration for 2025/2026 School Year

Please PRINT CLEARLY! One form per child.

Child's Name **First:** _____ **Last:** _____

Enrolling for (circle one):



3 & 4 year olds

*Cubbies must be 3 years old
and potty trained by Sept. 1*



K-2nd Grades
5-7 year olds



3rd-6th Grades
8-12 year olds



7th-12th Grades
13-18 year olds

Grade (for 2025/2026): _____ Birth date: _____ *Must be club appropriate age by Sept. 1*

Father's name (first & last): _____ Dad's cell: _____

Mother's name (first & last): _____ Mom's cell: _____

Address: _____ City: _____ State/Zip: _____

Email (our primary way to communicate): _____

Which church do you attend? _____

Allergies/Medical issues we need to know about: _____

Who may pick up your child from Awana (other than Mom & Dad)? _____

Fee/Scholarship: There will be a \$35.00 registration fee per child, which covers dues and supplies for the year. Vests, t-shirts, and *optional tote bags are an additional cost:

- | | |
|---|--|
| <input type="checkbox"/> Cubbie vest: \$14.00 | <input type="checkbox"/> T&T t-shirt: \$19.00 |
| <input type="checkbox"/> *Cubbie tote bag: \$7.00 | <input type="checkbox"/> *T&T tote bag: \$18.00 |
| <input type="checkbox"/> Sparks vest: \$14.00 | <input type="checkbox"/> Trek t-Shirt: \$18.00 |
| <input type="checkbox"/> *Sparks tote bag: \$7.00 | <input type="checkbox"/> *Trek tote bag: \$18.00 |

Financial assistance, scholarships, and payment plans are available. Please speak with the Awana Commander

Make Checks Payable to Trinity Baptist or TBC, Memo – Awana Registration

Medical & Social Release: September 2025 – May 2026

My child has my permission to participate in all Awana activities on and off campus (providing I have been notified in advance). In case of a medical emergency, I hereby authorize the staff/volunteers of Trinity Baptist Church (TBC) to act in their best judgment to seek medical attention through appropriate means, including emergency room treatment, as deemed appropriate by attending medical personnel for my child. I also accept responsibility for expenses incurred through such treatment. I give permission for TBC to use any photos of my family or me in their publications; and I release my right to any kind of compensation.

Parent/Guardian Signature: _____ **Date:** _____

Office Use: \$35 Reg Fee Paid: _____ Total Paid: _____