**AWANA REGISTRATION FORM Horizon Christian Fellowship( 1 per child)**

**2025-26**

* Electronic Registration is also available on the Horizon App

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_

Parent’s Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies / Restrictions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check this child’s club.**

\_\_\_\_\_\_\_ Puggles-under 3 yrs old(by 9/1/25)

\_\_\_\_\_\_ Cubbies (Age\* 3 & 4) **\*3yrs old by 9/1/25**

**circle one:** 1st year 2nd year

**\_\_\_\_\_\_\_**Sparks (Grades K – 2) **\*5 yrs old by 9/1/25**

**circle one:** K 1st 2nd

\_\_\_\_\_\_\_T&T (Grades 3 – 6)

**Circle one:** 3rd gr 4th gr 5th gr 6th gr

**Please list those who are AUTHORIZED to pick up your child from AWANA.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name any person(s) **RESTRICTED** from picking up your child. If a court order is in effect, be sure a current copy is on file with the AWANA secretary.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In Case of Emergency Call (other than parents)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

…………………………………………………………………………………

**Permission/Consent/Release of Liability**

I, the undersigned, request that my child(ren) be permitted to participate in the Horizon Christian Fellowship AWANA Ministry. I agree to hold harmless Horizon Christian Fellowship or any of their agents in the event of an accident, illness, injury, or death, which may

occur during any and all activity (AWANA sponsored activities).

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission to Contact**

I, the undersigned, give permission for the HCF Awana volunteers to contact my child by written communications or phone calls to discuss club activities.

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

Signature of Parent or Guardian

Date\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission for photos**

I, the undersigned, give permission for Awana to take/use photos of my child during Awana activities for church display.

Signature of Parent or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_

**Questions? Please contact Todd or Jess Vessey @hcflaxchildren@gmail.com**