

For Office Use Only

Receipt Date: _____

Dues Paid: _____

Medical Consent: _____



**Montrose Baptist Church – Rockville, Maryland
2009 – 2010 Awana Registration Form**

Awana dues for one year are \$60 for one child, and \$40.00 for each additional child in the same family. Enrollment is not guaranteed until dues are paid; limited scholarships are available. Please return forms to Montrose Baptist Church Office or mail to: Montrose Baptist Church – Awana, 5100 Randolph Rd, Rockville, MD 20852.2242 Awana runs Wednesday nights 6:15 – 8:00 p.m. September 23, 2009, through May 19, 2010.

Father or Guardian: _____

Mother or Guardian: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell/Pager: _____

Email for general emergency information (inclement weather) and club info.: _____

Church that you regularly attend and/or are a member of:

_____ Montrose Baptist _____ Other _____

Child's Name: _____

Birth Date: _____ Gender: ___ Male ___ Female

Which class will your child attend?

- | | |
|--|--------------------------------------|
| _____ Cubbies (3 & 4 year olds – must be 3 yrs by 09/01/09) | _____ Indicate School Specific Grade |
| _____ Sparks (Kindergarten – 2 nd Grade) | _____ Indicate School Specific Grade |
| _____ Truth & Training (3 rd – 6 th Grade, 6 th Graders can also) | _____ Indicate School Specific Grade |
| _____ Trek (7 th & 8 th Grade) | _____ Indicate School Specific Grade |

Name of school or home school: _____

List any food allergies, health, or behavioral concerns: _____

Custody concerns? ___ Yes *Please notify class leaders regularly, and list them here* _____

I, _____, do hereby state that I am the (a) parent and/or legal guardian having legal custody of my child _____, a minor, age, _____. I give consent for a responsible adult in the AWANA ministry of Montrose Baptist Church to administer appropriate first aid to my child when needed. I also give consent to secure additional emergency treatment for my child. I understand it is my responsibility to notify the classroom leaders as to where I can be reached in the event of an emergency.

Parent(s)/Guardian(s) Print Name(s): _____ Date: _____

Parent(s)/Guardian(s) Signature(s): _____

Questions or comments, contact Andrea Burns 301.367.0296, mbcawana@verizon.net.