1

Date Completed:

Upper Cross Roads Baptist Church – Baldwin, Maryland AWANA Registration/Information Form

Child's Name		Birth Date		Grade		
Home Phone	E-mail					
Child's Home AddressStreet/Apt.#		City	State	Zip Code		
Food or other allergies						

Child's Name		Birth Date		_Grade		
Home Phone	E-mail					
Child's Home AddressStreet/Apt.#			State	Zip Code		
		-		•		
Food or other allergies	11					
		4 # # 2 # 2 # 2 # 2 # 2 # 4 # 4 # 4 # 4				
Child's Name		Birth Date		Grade		
Home Phone						
Child's Home AddressStreet/Apt.#		City	State	Zip Code		
Food or other allergies						
			1 2 2 2 2 2 2 2 2 2 3			
Child's Name		Birth Date		Grade		
	E-mail					
Child's Home AddressStreet/Apt.#		, , , , , , , , , , , , , , , , , , ,	State	Zip Code		
		City	State	Zip Code		
Food or other allergies						
	************	*************				
Church that you regularly attend and/or a	are a member of					
☐ UCRBC ☐ Other				_ 🛚 None		
Photographs are sometimes taken of chil are not limited to, in-house presentations never used without specific permission. E photographs of your child as stated above	i, church web sites, broch By signing this area, you a	ures and newsletters. Childrei	n's names or ir	nformation are		
Signature of Parent/Guardian		Date		5		

Mother's Name		E-mail (Home or '	Work)						
Telephone (H)	(W)	(C)		(Pager)_	-				
Address(If Different from chill	d) Street/Apt.#	City			State	Zip Code			
Church that you UCRBC	regularly attend and/or are a member of (if diff					□ None			
	I would like a visit to learn more about minist			□ No					
		E-mail (Home or Work)							
Telephone (H)	(W)	(C)		(Pager) _					
Address	d) Street/Apt.#	City			State	Zip Code			
		-							
_	regularly attend and/or are a member of (if difficulty)					□ None			
□ UCRBC	I would like a visit to learn more about minist		⊒ Yes	□ No					
***********						*****			
	le that are authorized to pick up your child								
		Relationship to Child							
Address	Street/Apt.#	City			State	Zip Code			
Name		Relationship to Child							
Address									
	Street/Apt.#	City			State	Zip Code			
When parents emergency:	cannot be reached, list at least one person		tacted to p	pick up the	child in ar	1			
3				(D.)					
Telephone (H)	(W)	(C)		_(Pager)					
Address	Street/Apt.#	City			State	Zip Code			
********	**********************			******		*******			
EMERGENCY	IES requiring immediate medical attention, yo ROOM. Your signature authorizes the responsind to have your child transported to that hosp	sible person from U	Jpper Cros	EAREST H s Roads Ba	OSPITAL aptist Churc	h in			
Signature of Pa	rent/Guardian			Date_					
			******			*******			
ANNUAL UPDA	TES (Initials/Date)	te)	(Initials/Date)		(Initials/I	Date)			