

Awana Order Form 2018-2019



Last Name _____

#1 Child's Name _____ Club: Cubbies (Pre-K), Sparks (K-2), T&T (3rd – 4th), T&T (5th – 6th)
(Circle One)

#2 Child's Name _____ Club: Cubbies (Pre-K), Sparks (K-2), T&T (3rd – 4th), T&T (5th – 6th)
(Circle One)

UNIFORMS: Uniforms are purchased before a child has completed their "Entrance Booklet" (free). They will not, however, receive their uniform or book until the "Entrance Booklet" is completed.

Cubbies Vest	Size-They run SMALL	Quantity	Price	Total
M (5), L (6), XL (8)			\$12.00	\$
Sparks Vest	Size-They run SMALL	Quantity	Price	Total
L (10), XL (12),XXL (14)			\$12.00	\$
T&T – Grade 3-4	Size –M, L, XL	Qty =	\$17.00	\$
T&T – grade 5-6	Size –M, L, XL	Qty =	\$17.00	\$

BOOKS: Handbooks should be purchased before a child has completed the free entrance booklet. However, the handbook is not presented until the entrance booklet has been completed.

Club	Book name or # (circle)	Quantity	Price	Total
Cubbies	Honeycomb		\$12.00	\$
Sparks	#1- Hang Glider #2- Wing Runner #3- Sky Stormer		\$12.00	\$
T & T–grade 3-4	Book #1, #2		\$12.00	\$
T & T–grade 5-6	Book #1, #2		\$12.00	\$

FAMILY DUES: Dues are for the Awana year September 2018- May 2019.

Dues are \$15 per child. \$15 x _____ (number of children) =	\$
--	----

OPTIONAL ITEM: Great for carrying your Bible and Awana Book to club each week!

Book Bag	Cubbies, Sparks, or T & T	\$7.00	\$
----------	---------------------------	--------	----

GRAND TOTAL: Please make all checks payable to: **Calvary Chapel Beachside**

TOTAL of all uniforms, books, dues and optional items.	\$
---	----

Awana Medical Release 2018-2019

Please note: Parents are responsible for ensuring that Calvary Chapel Beachside has the most current information regarding their children

#1 Child's Name: _____ M / F (circle one) Birthdate: _____ Grade: _____

#2 Child's Name: _____ M / F (circle one) Birthdate: _____ Grade: _____

Father's Name: _____ Father's Cell Phone: (____) _____

Mother's Name: _____ Mother's Cell Phone: (____) _____

E-mail address: _____ Home Phone: (____) _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

Insurance Co.: _____ Policy #: _____ Name of Policy Holder: _____

Does your child(ren) have any physical limitations or health factors that would keep him/her from participating in physical activities (i.e. running, jumping, skipping, etc.)? **Yes** ___ **No** ___

If yes, please explain: _____

Emergency Contact Name: _____ **Relationship:** _____ **Phone (____)** _____

HEALTH HISTORY: Please list any health concerns that we should be aware of.

Food Allergies: _____ Drug Allergies: _____ Other Allergies: _____

Heart Defect/Disease ___ History of Seizures/Convulsions ___ Bleeding/Clotting Disorder ___ Operations/Serious Injuries ___

Diabetes ___ Chicken Pox ___ Measles ___ Mumps ___ Date of Child's last tetanus shot: _____

If anything checked above, please list details: _____

Any other health concerns: _____

Please list any medication that your child takes regularly: Medication (s): _____

Name and phone of your Child(ren)'s regular physician: Dr. _____ Phone#: (____) _____

**In the event of a minor illness or injury (such as cold; headache, scrapes, sprains, abrasions, and/or small cuts), I do authorize the Children's Director (or his/her representative), R.N. or EMT to give my child(ren) common remedies such as Tylenol, cough medicine, etc., in dosages appropriate for his/her age, and to clean and bandage or wrap wounds as necessary.

The health history is correct so far as I know, and the person herein described has permission to engage in all activities except as noted by me and/or my physician. I hereby give permission to the physician selected by the Children's Director (or his/her representative) to order X-rays, routine tests, and treatment for the health of my child(ren) and to order injections and/or anesthesia and/or surgery for my child(ren) named above. It is understood that a conscientious effort will be made to notify me before such action is taken. This authorization is given pursuant to Section 25.8 of the Civil Code of California. This authorization shall remain effective through the extent of the Awana Club year with Calvary Chapel Beachside unless sooner revoked in writing. I further agree that Calvary Chapel Beachside, its Board of Directors, officers, staff, and volunteers are hereby relieved of all liability in the event of accident or injury to said Minor(s).

Parent/Guardian Signature: _____ Date: _____

Print Parent/Guardian Name _____