



Stone Hill Church AWANA

1025 Bunn Drive, Princeton, NJ 08540 (609) 924-3816



2015-16 REGISTRATION FORM—PLEASE RETURN TO STONE HILL CHURCH WHEN COMPLETED

Children's Names	Ages	Grade	Birthdates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parents'/Guardians' Names/Relationships to children:

_____ Relationship _____

_____ Relationship _____



Address: _____ Cell phone: _____
(street address, city & zip)

Phone: _____ e-mail: _____

Home Church? _____

Should a medical emergency arise while my child/children are involved in an AWANA activity, I give my permission for medical treatment to be given.

Signature of parent/guardian: _____

Doctor's name and phone: _____

Insurance carrier and number: _____

Hospital you prefer: _____

We will try first to contact you before any action is taken. We sincerely hope that no medical emergencies arise, but for your child's safety, we want to be prepared.

What will help us understand your child better? (e.g., are there attention challenges? learning disabilities? hearing problems? food allergies?)

Thank you for your time in filing out this information!

