



# Stone Hill Church AWANA

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



## 2016-17 REGISTRATION FORM—PLEASE RETURN TO STONE HILL CHURCH WHEN COMPLETED

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

### Parents'/Guardians' Names/Relationships to children:

\_\_\_\_\_ 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!**

