

Wednesdays
6:30 - 8:15 pm
September 21st
thru May 2nd
At Grace Chapel

Kids 3 years old* through
5th grade are invited!!

**Age 3 by 9/1/11 and potty trained*



Registration Fee:
\$20/child

*See Dave Weiss to inquire about
possible scholarships*

**AWANA Returning Family Registration
Effective September 2011**

*Kids returning to Sparks and T&T, please bring your
books and uniforms with you the first night so you can
pick up where you left off last year!*

Name & Grade: _____

Name & Grade: _____

Name & Grade: _____

Name & Grade: _____

Parent's Name: _____

Phone: _____ Cell: _____

Address: _____

Email: _____

Church Attending: _____

Return All Forms To:

Grace Chapel • 1 W. Eagle Rd. • Havertown PA 19083

Church Office: 610.446.9201 • Fax: 610.446.0375

Email: grace@gracechapel.org

Grace Chapel Youth Medical/Media Authorization

Please Print Clearly

Emergency Contact Number (other than parent)

Name: _____

Phone: _____

Relationship: _____

Medical Alerts? Allergies? Special Needs? Please List Below and
Indicate Which Child:

Does your child have a known bee sting allergy? YES / NO

Does your child have a latex allergy? YES / NO

Does your child have a peanut allergy? YES / NO

Yes, as a parent and/or guardian of the minor identifies above, I hereby give permission for emergency medical treatment for my child. I understand that a reasonable effort will be made to contact me, or the emergency contact shown above, if I cannot be reached at the telephone numbers listed. This authorization is completed and signed with the express purpose of authorizing medical treatment under emergency circumstances in my absence.

Yes, I hereby grant the Grace Chapel AWANA Leaders permission to photograph/film the minor designated above in any manner or form for any lawful purpose associated with the AWANA program (for example: An end of year slide show for parents).

Signature: _____

Print Name: _____ Date: ___ / ___ / ___

