



AWANA REGISTRATION FORM
2020-2021

Ebenezer Baptist Church

Child's/Children's Name(s)	Age	Grade	Birth Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent(s) Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: _____

Email: _____

Would you like to be added to our email list for AWANA announcements? Yes No

Church Home: _____

Any physical limitations, allergies, or medications? _____

I give permission for my child(ren) to be photographed for promotional purposes. I understand that my child(ren) will not be identified in the pictures, and the pictures will not be used for profit. _____ (Parent's initials)