

Awana Sparks (K-2nd grade) Registration

Date: _____

Full Name of Spark: _____

Nickname: _____ Parent or Guardian: _____

Street Address: _____

City: _____ Zip Code: _____

Parent's email address (**print clearly**): _____

Phone Number: _____ Emergency Phone (during club): _____

Allergies or Special Needs Leaders
Need to be Aware Of: _____

Brought to Club by (if other than parent or guardian): _____

Grade: _____ Age: _____ Birth Date: Month _____ Day _____ Year _____

Church Home: _____ City: _____

Previous Awana Church: _____ City: _____

Previous Group (Cubbies, Sparks, T&T): _____ Book (HG, WR, SS): _____

If your child does not have a Sparks vest, please pay for the vest with your registration. Your Spark will be awarded the vest **after** he/she completes the free **Flight 3:16 booklet**. If you have a vest from an older child that you want to hand down, remember to not allow the vest to be worn before it is earned.

Check all that apply:

<input type="checkbox"/> Dues (First Child)	\$30.00
<input type="checkbox"/> Dues (Second Child)	\$20.00
<input type="checkbox"/> Dues (Each Additional Child)	\$10.00
<input type="checkbox"/> HG or WR Handbook	\$13.00
<input type="checkbox"/> SkyStormer Handbook	\$ 9.00
<input type="checkbox"/> Vest (Sz 6, 8, 10, 12, 14, 16) Please indicate size here: _____	\$11.50
<input type="checkbox"/> Sparks Handbook Bag	\$ 7.00
Total	

Please make checks payable to: Immanuel Community Church. (If you cannot afford to pay for dues, books, or uniforms, please ask for a scholarship application.)

Amount Owed _____

Parent's Signature _____

(Remember to sign medical release on reverse)

*** * * FOR HEAD SECRETARY USE * * ***

Dues Date Paid _____

Handbook Date Paid _____

Vest Date Paid _____

Medical Release Signed (on back)