AWANA Registration
2025-2026

{As of September}

Name: _____ Birth Date: _____ Grade: _____ Club: _____

Name: _____ Birth Date: _____ Grade: _____ Club: _____

Name: _____ Birth Date: _____ Grade: _____ Club: _____

Name: _____ Birth Date: _____ Grade: _____ Club: _____

Name: _____ Birth Date: _____ Grade: _____ Club: _____

Parent's Names: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email Address: _____

Emergency Contact: _____

Additional Pick-up Person: _____

Home Church (If Any): _____

_____ _____ _____

Signature {of Parent or Guardian} Date: Printed Name {of Parent or Guardian}

This form is editable & fillable on a browser that is compatible with Adobe Acrobat Reader/Viewer.
You can type all info and then email to: paula@thebereans.org
If you prefer to print out and fill it in by hand, then
PLEASE PRINT/Write CLEARLY.