



Linthicum Baptist Church
2012 Enrollment Form

Please Complete All Information
Awana Dates February 5, 2012 – June 24, 2012
5:45pm – 7:00pm

Child's Name _____

Gender _____ Birthday _____

Club Child Will Attend:

- Puggles (2 – 3 yr old)
- Cubbies (4-5 yr old)
- Sparks (K – 2nd Grade)
- T&T (3rd – 6th Grade)
- Trek/Journey (Jr. High & High School)

Father or Guardian: _____

Mother or Guardian: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone () _____ - _____ Cell/Pager () _____ - _____

E-mail for emergency information: _____

Please list any food allergies, health concerns, or behavioral concerns:

I give consent for a responsible adult of the AWANA ministry at Linthicum Baptist Church to administer appropriate first aid to my child when needed. I also give consent to secure additional emergency treatment for my child, under the following conditions: reasonable effort has been made to find me at the Church or at home: the consensus of several adults is that care is needed prior to the probable return of the parent/guardian to pick up the child. I understand it is my responsibility to notify the classroom leaders as to where I can be reached in the event of an emergency.

Parent/Guardian

Date