

• Complete front and back of form • One form per family per year • This information is used only by PGCC Awana and Staff

1 Parents/Legal Guardians:

	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian
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Last Name _____ First Name _____ Last Name _____ First Name _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Email: _____
 (needed for Awana communications only)

2 Primary Contact: _____ Secondary Contact: _____ Contact other than Parent or Legal Guardian: _____

Cell Phone # _____	Cell Phone # _____	Cell Phone # _____
Name _____	Name _____	Name _____

3 Yes No Photos of my child may be taken for posting on the church bulletin board, local newspaper articles, PGCC website, PGCC Facebook; and for other ministry-related purposes.

4 I, the Parent/Legal Guardian, authorize the following people to pick up my child(ren):

Name: _____	Phone #: _____	Relationship: _____
Name: _____	Phone #: _____	Relationship: _____
Name: _____	Phone #: _____	Relationship: _____

PGCC Awana staff will release children only to those listed above, UNLESS written consent is provided in advance to a Director, Awana Secretary, or Commander-in-Chief.

5 Please provide all information requested.

Child's First Name

(and last name if different)

M

F

Age

School Grade
in 2024-2025

Date of Birth

Cubbies
3—5 years (K4)

Sparks
(Grades K5-2)

T&T
(Grades 3-5/6)

Child's First Name <i>(and last name if different)</i>	M	F	Age	School Grade in 2024-2025	Date of Birth	Cubbies 3—5 years (K4)	Sparks (Grades K5-2)	T&T (Grades 3-5/6)

6 Please list any medical conditions, allergies or special instructions (if any) for the care of your child(ren):

7 **In Case of Emergency: PGCC or Children's/Student Ministry staff may seek medical attention for your child(ren).**

For informational purposes, please provide your child(ren)'s:

Clinic/Hospital: _____ Phone #: _____ Physician: _____
(other than Aspirus)

8 I hereby state that the information I have provided on this form is complete and correct to the best of my knowledge:

_____ Signature (Parent/Legal Guardian) _____ Date _____
Print Name (Parent/Legal Guardian)

Please Return Completed Form to an Awana Director or the Church Office