



Centerpointe Church
 214 East Brooks Street
 Howell, MI 48843
 One Block SE of Howell Post Office

Childs Name _____
 (Last name) (First name)

Boy Girl
 (circle)

Date of Birth _____ Grade _____
 month/date/year

Address _____ City _____ Zip _____

Primary Phone _____ Email _____

Allergies/Medical Conditions _____

Does your child carry an Epi-pen or inhaler? Yes No

Parent(s)/Guardian(s)

Name _____ Relationship _____ Cell _____

Name _____ Relationship _____ Cell _____

Emergency contact during AWANA _____ Phone _____
 (Name)

Person authorized to pick up child other than above _____

My child may walk home after AWANA is dismissed for the evening. Yes No

May Centerpointe church use photos of your child taken during club time for promotional multi-media, newsletters, bulletin boards, church web site? No names will be used. Yes No

Would you like us to text you with cancelations or upcoming event reminders? Yes No

Additional information about your child that you feel we should know _____

My child has permission to participate in AWANA game time during club. I give permission to staff to administer minor first aid if necessary. I also give consent for treatment at the nearest emergency facility if necessary.

 (Parent/Guardian Signature)

 (Date)