

**Antioch Baptist Church – Chapel Hill, North Carolina
AWANA Registration/Information Form**

Date Completed: _____

Child's Name _____ Birth date _____ Grade _____

Home Phone _____ E-mail _____

Child's Home Address _____

Street/Apt. # _____ City _____ State _____ Zip Code _____

Please Select Which Club: **Puggles** **Cubbies** **Sparks** **T&T** **Trek**

Church that you regularly attend and/or are a member of:

Antioch Baptist Church Other: _____ None

Photographs are sometimes taken of children's ministry activities for publicity and promotional purposes, which include, but are not limited to, in-house presentations, church web sites, brochures and newsletters. Children's names or information are never used without specific permission. By signing this area, you are releasing Antioch Baptist Church to use photographs of your child as stated above.

Signature of Parent/Guardian _____ Date _____

Mother's Name _____ E-mail (Home or Work) _____

Telephone (H) _____ (W) _____ (C) _____ (Pager) _____

Address _____
(If different from child) Street/Apt. # _____ City _____ State _____ Zip Code _____

Church that you regularly attend and/or are a member of (if different than child):

Antioch Baptist Church Other: _____ None

I would like a visit to learn more about children's ministries at Antioch Yes No
I may be interested in serving in children's ministries at Antioch Yes No

Father's Name _____ E-Mail (Home or Work) _____

Telephone (H) _____ (W) _____ (C) _____ (Pager) _____

Address _____
(If different from child) Street/Apt. # _____ City _____ State _____ Zip Code _____

Church that you regularly attend and/or are a member of (if different than child):

Antioch Baptist Church Other: _____ None

I would like a visit to learn more about children's ministries at Antioch Yes No
I may be interested in serving in children's ministries at Antioch Yes No

List other people that are authorized to pick up your child from activities sponsored by Antioch Baptist

Name _____ Relationship to Child _____

Address _____
Street/Apt. # _____ City _____ State _____ Zip Code _____

Name _____ Relationship to Child _____

Address _____
Street/Apt. # _____ City _____ State _____ Zip Code _____

ANNUAL UPDATES _____ | _____ | _____ | _____
(Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)