

ANTIOCH BAPTIST CHURCH

AWANA Registration & Permission Form

1707 White Cross Road • Chapel Hill, NC 27516
abccommunity.com

CHILD INFORMATION

Child's Full Name: _____

Preferred Name: _____ Date of Birth: _____

Age: _____ Grade: _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ ZIP: _____

Parent/Guardian Phone: _____

Email: _____

MEDICAL & SPECIAL INFORMATION

Allergies:

☐ None ☐ Yes — Please explain: _____

Medical Conditions / Special Needs:

☐ None ☐ Yes — Please explain: _____

Medications:

☐ None ☐ Yes — Please explain: _____

Dietary Restrictions:

☐ None ☐ Yes — Please explain: _____

Other information our children's ministry should know:

EMERGENCY CONTACT

Name: _____

Relationship to Child: _____

Phone: _____ **Alternate Phone:** _____

PARENT/GUARDIAN PERMISSION

I give permission for my child to participate in the children's ministry activities and programs of **Antioch Baptist Church**. I understand that the church will make reasonable efforts to provide a safe, caring, and appropriate environment for my child.

In the event of an emergency, I authorize church staff or designated ministry leaders to seek appropriate medical care for my child if I cannot be reached.

Parent/Guardian Signature: _____

Date: _____

PHOTO & VIDEO RELEASE

Please check one:

☐ **YES** — I give Antioch Baptist Church permission to photograph or record my child during church activities. I understand that photographs or recordings may be used for church-related purposes, including newsletters, printed materials, displays, the church website, and church social media.

☐ **NO** — Please do not photograph or record my child for church publicity or promotional purposes.

Parent/Guardian Signature: _____

Date: _____

CHURCH USE ONLY

Ministry/Class: _____

Registration Date: _____

Volunteer/Staff Initials: _____

Additional Notes: _____

