



# AWANA Registration Form 2010 - 2011

Wednesdays, beginning September 1  
6:30-8:00 p.m. ~ Crossroad Community Church

Parent/Guardian Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Person bringing child(ren) to club: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Child Information	Child One	Child Two	Child Three	Child Four	Child Five
Name					
Gender	M / F	M / F	M / F	M / F	M / F
Birthdate	/ /	/ /	/ /	/ /	/ /
Grade in school this fall (circle one)	Age 3 or 4 K 1 2 3 4 5	Age 3 or 4 K 1 2 3 4 5	Age 3 or 4 K 1 2 3 4 5	Age 3 or 4 K 1 2 3 4 5	Age 3 or 4 K 1 2 3 4 5
Medical/Allergies (include food allergies)					

**Age for Cubbies (preschool) is determined as of August 1, 2010**

## AWANA Fees

### Parents

Crossroad Community Church desire is to make AWANA affordable to all. If you would like financial assistance to make Awana Clubs possible for your child(ren), please mark **Friendship Scholarship** and we'll talk to you about how we can help!

### Basic Fee(s)

1 Child = \$25.00

2 Children = \$45.00

3 Children = \$60.00

Each add'l child after 3 = \$10.00 per additional child

\_\_\_\_\_ **Friendship Scholarship**



Total Due: \_\_\_\_\_

(payable to Crossroad Community Church)

For more information please contact us at:  
 475 E Progress Parkway  
 Shelbyville, IN 46176 – (317) 398-2575  
 www.crossroad-community.com

Awana Use Only	
Check # _____	Cash: _____
Amt Paid: _____	Date: _____