



2024-2025 Registration

Guardian Name & Number: _____ Guardian email address: _____

Guardian Name & Number: _____ Guardian email address: _____

Registration Date: _____ Home Church: _____

Street Address: _____ City: _____ Zip: _____

Clubber: _____ Club: _____ Birthday: _____ Age: _____ Grade: _____

Clubber: _____ Club: _____ Birthday: _____ Age: _____ Grade: _____

Clubber: _____ Club: _____ Birthday: _____ Age: _____ Grade: _____

Clubber: _____ Club: _____ Birthday: _____ Age: _____ Grade: _____

Cubbies (3 & 4 year olds, or two years before kindergarten)	Price:	Quantity:	Total:
Cubbies Registration Fee	\$20		
OPTIONAL: Cubbies Vest S(4) M (5) L(6) XL(8) circle one	\$15		

Sparks (K-2nd grade)	Price:	Quantity:	Total:
Sparks Registration Fee	\$20		
OPTIONAL: Sparks Vest Fee S(4) M (5) L(6) XL(8) circle one	\$15		

T&T (3rd-6th grade)	Price:	Quantity:	Total:
T&T Registration Fee	\$20		
OPTIONAL: T&T Shirt Fee S(4) M (5) L(6) XL(8) circle one	\$20		

Grand Total:

Scholarships Available for qualified clubbers

Cash Check

Payment Received on: _____

Any Questions Contact:
Sandy Shipley at slshipley59@aol.com
515.276.9873

Please continue to Back Side to Complete Registration Information (Medical, Consent, etc.)

Emergency Medical Release

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person from Celebration Church in Des Moines, Iowa to have your child transported to that hospital and receive treatment.

Signature of Parent/Guardian _____

Date _____

Please List any allergies (peanut,gluten,etc...)

1. _____

2. _____

3. _____

4. _____

Photo Release

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 websites, brochures and newsletters. Children’s names or information are never used without specific permission. By signing this area, you are releasing Celebration Church to use photographs of your child as stated above.

Signature of Parent/Guardian _____

Date _____

Pick-up Authorization

Please list below anyone authorized to pick up your child from Awana. If you have further concerns about child pickup, please explain below.

1. _____

2. _____

3. _____

4. _____

Other concerns:

