



## North Hills Baptist Church 2010 – 2011 Enrollment Form

**Please Complete All Information**  
**Awana Dates September 15, 2010 – May 25, 2011**  
**6:30 – 8:30 pm**

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Father or Guardian: \_\_\_\_\_

Mother or Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell/Pager ( ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Emergency Contacts and Persons (other than parents) authorized to pick up the children:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**North Hills Baptist Church Release Form for Use of Personal Images**

From time to time during the club year, videos, photographs, and/or slides will be taken of our Clubbers. These will be used for publicity purposes only. Your signature below grants permission for North Hills Baptist Church to use videos, photographs, and/or slides of your child for publicity purposes.

\_\_\_\_\_  
Parent/Guardian

Date:\_\_\_\_\_

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Gender:  Male  Female

Does Child have a Uniform?  Yes  No

Club to Attend

Cubbies – Preschool

Sparks – K – 2<sup>nd</sup> Gr.

T & T – 3<sup>rd</sup> – 6<sup>th</sup> Gr.

TREK / Journey

Name of School: \_\_\_\_\_

Grade in School: \_\_\_\_\_

List Any Food Allergies, Health, or Behavioral Concerns.  
\_\_\_\_\_  
\_\_\_\_\_

Does Child Have a Special Need or Disability? \_\_\_\_\_

I hereby give my permission to the physician or dentist selected by North Hills Baptist Church to hospitalize, to secure proper treatment and/or order an injection, anesthesia or surgery for my child(ren) as deemed necessary, after every attempt to contact the parent, guardian and/or other emergency contact has failed. I further agree that I am fully responsible to pay all charges and expenses relating to such care and treatment. My signature below serves to indicate my willingness for my Health Insurance Company to be billed for any and all medical fees and services should they be needed. I agree that I will pay all charges and expenses not covered by my insurance. My signature below also serves as a medical release for the above mentioned child(ren).

Signature \_\_\_\_\_

Date \_\_\_\_\_

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Gender:  Male  Female

Does Child have a Uniform?  Yes  No

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TREK / Journey

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Signature \_\_\_\_\_

Date \_\_\_\_\_

## 2010 / 2011 AWANA Uniform Order Form

Parents: Please read the measurement descriptions for your child's AWANA Club uniform carefully, select your child's uniform size, then return this form to your child's leader. The club fee covers the cost for your child's uniform. Thank you.

Clubber Name \_\_\_\_\_ Club \_\_\_\_\_ DATE \_\_\_\_\_

### Cubbie Vest

Qty	Item	Chest Size
___	41371	Small Size 4
___	41380	Medium Size 5
___	41398	Large Size 6
___	41401	X-Large Size 8
___	46383	XX-Large Size 10
___	Special Size	_____

\* Ask for additional pricing on Special Sizes

### Sparks Vest

Qty	Item	Chest Size
___	74405	Small Size 6
___	74413	Medium Size 8
___	74421	Large Size 10
___	74430	X-Large Size 12
___	74448	XX-Large Size 14
___	74456	XXX-Large Size 16
___	Special Size	

### T & T Shirts

Qty	Item	Size
___	48338	Size 10
___	48346	Size 12
___	48354	Size 14
___	48362	Size 16

### TREK Shirts

Qty	Item	Size	Qty	Item	Size
___	67150	Blue Small	___	67192	Blue XXL
___	67168	Blue Med	___	67205	Girls Blue Small
___	67176	Blue Large	___	67213	Girls Blue Med
___	67184	Blue XL	___	67221	Girls Blue Large
			___	67230	Girls Blue XL

### Journey Shirts

Qty	Item	Size	Qty	Item	Size
___	76064	Guys' Small	___	76128	Girls' Small
___	76072	Guys' Med	___	76136	Girls' Med
___	76081	Guys' Large	___	76144	Girls' Large
___	76099	Guys' X Large	___	76152	Girls' X Large
___	76101	Guys' XX Large	___	76161	Girls' XX Large
___	76110	Guys' XXX Large			