



# Registration Form

Eternity Baptist Church Awana Program

**NAME:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_\_ **SCHOOL GRADE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PARENT/GUARDIAN:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**BROUGHT BY:** \_\_\_\_\_

**CHURCH:** \_\_\_\_\_ **SALVATION DATE:** \_\_\_\_\_

**EMERGENCY CONTACT NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ANY ALLERGIES, INJURIES, MEDICATIONS, OR OTHER INFORMATION THAT MAY REQUIRE  
ANY SPECIAL ATTENTION BY ETERNITY BAPTIST CHURCH AWANA STAFF**

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