

Please complete one card per child

Last Name		First Name	
Address		City	State ZIP
Church		Birthday	Age Grade
Parent Name		Brought by:	
Home Phone Number		Cell Number	Cell Number
Emergency Contact Name		Emergency Contact Number (s)	
Special Instructions (Diabetic, food allergies etc.)			
To be completed by AWANA Staff			
Uniform size	Date Paid	Date Ordered	Date Rec'd
Book Number	Date Paid	Date Ordered	Date Rec'd