

TRINITY BAPTIST CHURCH

AWANA Registration Form 2026-2027

Children(s) Information					
Name of Child #1:			Gender: ☐ Male ☐ Female		Select One: Cubbies (Pre-K) Sparks (K-2 nd) T&T (3 rd -6 th)
Age:	Birthdate	Grade of 9/2026	Allergies:		
Name of Child #2:			Gender: ☐ Male ☐ Female		Select One: Cubbies (Pre-K) Sparks (K-2 nd) T&T (3 rd -6 th)
Age:	Birthdate	Grade of 9/2026	Allergies:		
Name of Child #3:			Gender: ☐ Male ☐ Female		Select One: Cubbies (Pre-K) Sparks (K-2 nd) T&T (3 rd -6 th)
Age:	Birthdate	Grade of 9/2026	Allergies:		
Name of Child #4:			Gender: ☐ Male ☐ Female		Select One: Cubbies (Pre-K) Sparks (K-2 nd) T&T (3 rd -6 th)
Age:	Birthdate	Grade of 9/2026	Allergies:		
Parent/Guardian Information					
Name of Parent or Guardian:			Relationship to child:		
Address:		Email:			
City:		State:		Zip:	
Home Phone:		Mobile Phone:			
Do you attend TBC church? ☐ Yes ☐ No		Service: 9:00 AM 10:30 AM		Sunday School Class: 9:00 10:30 AM	
Other: _____					
Emergency Contact During Church Hours					
Emergency Contact 1:		Phone:		Relationship to child:	
Emergency Contact 2:		Phone:		Relationship to child:	
Allergies (Medications, activity restrictions)					
Authorization and Medical Release					

This is to certify that the above named children have my permission to participate in the AWANA club ministry of TRINITY BAPTIST CHURCH of VACAVILLE, CA. from September 2026 – May 2027. Understanding that all due care for the health and safety of all participants will be exercised. I will hold neither the church nor any of its adult supervisors responsible for any accident or illness that may occur. I also hereby empower the adult leaders of AWANA to secure the services of properly qualified medical personnel and to authorize the performance of any necessary medical or surgical procedures, in the event of accident or illness, with the understanding that every effort will be made to contact me before such action is taken. I also will assume all financial and legal responsibility involved.

Please Initial _____ PERSONAL HEALTH INSURANCE COMPANY _____

POLICY # _____ SIGNATURE _____

Authorization Insurance

Church insurance begins where the individual's health and accident insurance policy terminate and is only valid when other insurance has been extended to its limits. In case of no personal policy, Trinity Baptist Church's policy will provide complete coverage within its limits. ALL CHILDREN and VISITORS are expected to be signed In and Out of the AWANA ministry on Wednesday night. If anyone other than a parent will be picking up your child, please indicate that on the sign in sheet when the child is signed in. If they are unknown to AWANA Leadership, they will need to present photo ID. By signing your child in, you are expressing your permission for your child to participate in the current AWANA ministry, and to the best of your knowledge, your child is healthy.

Please write the number where you can be reached on AWANA nights.

Cell _____ Home _____ Work _____

Application is available to TBC Church members, TBC Sunday attendees, and children of parents or grandparents committed to the **Adult Wednesday night Ministries**. You will be called as Club assignments are made and your child placed as space is available.

PLEASE NOTE FAMILIES COMMITTED TO A CHURCH OTHER THAN TRINITY, OR NO CHURCH AFFILIATION, ARE ELIGIBLE FOR OUR AWANA PROGRAM, AS SPACE ALLOWS. ALL PARENTS, GRANDPARENTS OR GUARDIAN MUST BE COMMITTED TO OUR WEDNESDAY NIGHT BIBLE STUDY LED BY PASTOR GREG DAVIDSON.

I have read and agree to the Terms and Conditions stated above.

Parent or Guardian Signature: _____ Date: _____

Date Enrollment completed: _____ Date fees Paid in Full: _____

Shirt Size options: XL/L/M/S

Child #1- _____

Child #2- _____

Child #3- _____

Child #4- _____

Cost:

Child 1= \$45.00

Child 2 & More
=\$25.00 each

Book: Child #1 _____ Child #2 _____ Child #3 _____ Child #4 _____

Visitors: Children may visit for 3 sessions but after the third visit they will need to be enrolled with payment completed.

Name: _____ Parent or Person Responsible: _____

Date Visited: 1. _____ 2. _____ 3. _____

OFFICE USE ONLY:

Payment Amount Due: _____ Payment Received Date: _____

Form of Payment: ☐ Online ☐ Cash ☐ Check # _____ Scholarship Amount: _____

Person receiving payment: _____