

Awana®

Know, Love & Serve God

Bible Fellowship Church of Ephrata

Wednesday Evenings
7:00 – 8:30 pm

733-2526



2 yr. old class



3 – 5 yr. old class



K – 2nd grades



3rd – 5th grades



6th – 8th grades

Independent study
for those who
would like to work
towards Awana
scholarships.

SPECIAL ACTIVITIES

Sparks – A – Rama

Grand Prix

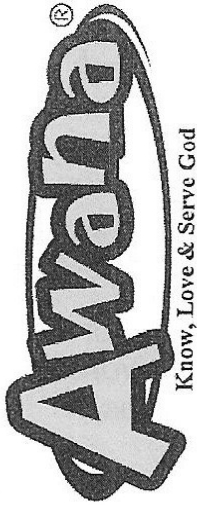
Sparks Float-A-Boat

Cubbies Duckie Race

Sr. High Youth Group
9th – 12th grades
Independent study for those
who would like to work towards
Awana scholarships.



Dues – 50 cents/wk. or 17 dollars/yr.



AWANA REGISTRATION 2011-2012

Child's Full Name: _____

Date of Birth : _____

Age: _____ Grade: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____

E-Mail address: _____

Church Child Attends: _____

Parent/Guardian Name (s): _____

Phone # to reach parent or guardian during Club times: _____

Emergency Contact: _____

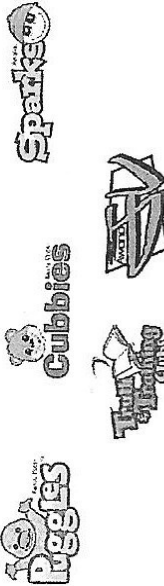
Relationship to child: _____

Phone #: _____

If parent/guardian is at AWANA/EBFC on club nights, please indicate which room: _____

Allergy alert: _____

Medical alerts (please include activity restrictions and any medication knowledge we should be aware of): _____



Dues for the year for books and awards are 50 cents a week or \$17.00 per year. We also encourage 25 cents a week for our Adopt a Club missionary.

Other information parent would like us to know: _____

MEDICAL RELEASE FORM

I understand that all reasonable safety precautions will be taken by the Bible Fellowship Church of Ephrata and its agents during AWANA. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Bible Fellowship Church of Ephrata, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

I understand that in the event medical intervention is needed, every attempt will be made to contact the emergency contacts listed on this form. In the event I cannot be reached in an emergency, I hereby give my permission to secure medical treatment for my child as deemed necessary.

_____ I have read the above permission form and agree.
Form completed by: _____

Name _____ (please sign)
Relationship to child: _____

PROMOTIONAL RELEASE FORM

I and cosigned parent/legal guardian hereby consent to the use of any videotape, photographs, slides, audiotapes, or any other visual or audio reproduction in which I may appear in promotional materials for BFC of Ephrata. I understand that these materials are being used for recruitment and fund-raising efforts.

I release BFC of Ephrata from any liability connected with the use of my picture or voice recording as part of any promotional, recruitment, or fund-raising program.

Signature _____ Date _____
Parent/Guardian (if under 21) _____ Date _____