

Arbor Christian Fellowship
AWANA CLUBS

September 8, 2015,

Dear Parents and Children of AWANA,

Our first AWANA meeting is **WED, Sept. 16th**! Here are a few highlights:

5:00 – 6:00 p.m. Kick – off Barbeque for the whole family! Relax, eat, and make a new friend!
Arbor Christian Fellowship is sponsoring this event, so you don't need to bring anything, just yourself!

Parents and guardians **REGISTER** your child(ren) during the **BEQ!**

At 6:00 – 7:30 p.m. begins our FIRST AWANA NIGHT! Yeah!

Parents are welcome to join the Adult Bible Study which will meet in the Fellowship Hall!

So, this is truly a **FAMILY AFFAIR!**

Regarding Drop off and Pick-up:

Sparks and Truth and Training

ARRIVAL:

Arrive at 5:55 to check –in with the attendance staff at the table located by the AWANA flag pole. Then go to the AWANA circle on the black top for brief announcements, pledge, and prayer. Students will then be dismissed to go with their Director, leaders, and group to continue group lesson, handbook, and game activities.

DISMISSAL:

Parents and/or authorized legal guardians who have authorization to pick up child(ren) (must be listed on registration/release form) will pick up their child(ren) in the church sanctuary at 7:30 p.m.

Cubbies

Cubbies Parents: Please plan on staying (**Room 4**) with your child the first AWANA night and receive information from the Cubbies Director, then join in the fun with your child!

ARRIVAL & DISMISSAL:

Following nights parents need to bring and sign in their child to **Room 4** at 5:55 pm and also pick up in their classroom at 7:30pm.

Questions? Email: cindybowers60@yahoo.com

Your Servants in Christ,

AWANA Commanders, Mark and Cindy Bowers

Arbor Christian Fellowship 23302 El Toro Rd., Lake Forest, CA 92630

AWANA Children's Ministry Registration/Release Form

Date Completed _____ Registration Paid _____

Cost: \$30.00 Annual registration per child

1. Child's Name _____ DOB _____ Grade _____

Child's Home Address _____

Street/Apt. # _____ City _____ State _____ Zip Code _____

School Child Attends _____

Allergies/Medical Conditions _____ Medications _____

Cubbies 3 & 4 yr. old (independent toileting) _____ Truth & Training 3rd & 4th gr _____

Sparks K - 2nd gr _____ Truth & Training 5th & 6th gr _____

2. Child's Name _____ DOB _____ Grade _____

Child's Home Address _____

Street/Apt. # _____ City _____ State _____ Zip Code _____

School Child Attends _____

Allergies/Medical Conditions _____ Medications _____

Cubbies 3 & 4 yr. old (independent toileting) _____ Truth & Training 3rd & 4th gr _____

Sparks K - 2nd gr _____ Truth & Training 5th & 6th gr _____

3. Child's Name _____ DOB _____ Grade _____

Child's Home Address _____

Street/Apt. # _____ City _____ State _____ Zip Code _____

School Child Attends _____

Allergies/Medical Conditions _____ Medications _____

Cubbies 3 & 4 yr. old (independent toileting) _____ Truth & Training 3rd & 4th gr _____

Sparks K - 2nd gr _____ Truth & Training 5th & 6th gr _____

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AWANA Children's Ministry Registration/Release Form

Mother's Name _____ visited email _____
Telephone (H) _____ (W) _____ (C) _____

Address if different that child(ren) _____
Street/Apt. # _____ City _____ State _____ Zip Code _____

Father's Name _____ visited email _____
Telephone (H) _____ (W) _____ (C) _____

Address if different that child(ren) _____
Street/Apt. # _____ City _____ State _____ Zip Code _____

Legal Guardian Name (s) _____ visited email _____
Telephone (H) _____ (W) _____ (C) _____

Address if different that child(ren) _____
Street/Apt. # _____ City _____ State _____ Zip Code _____

Church family regularly attends _____ None _____
Interested in receiving information about Arbor Christian Fellowship Ministries Yes _____ No _____

List people authorized to pick up your child(ren) from activities sponsored by Arbor Christian Fellowship, or pick up in the event of an emergency and parents cannot be contacted.

1. Name _____ visited email _____
Telephone (H) _____ (W) _____ (C) _____

Home Address _____
Street/Apt. # _____ City _____ State _____ Zip Code _____

2. Name _____ visited email _____
Telephone (H) _____ (W) _____ (C) _____

Home Address _____
Street/Apt. # _____ City _____ State _____ Zip _____

Arbor Christian Fellowship 23302 El Toro Rd, Lake Forest, CA 92630
AWANA Children's Ministry Registration/Release Form

As the parent or authorized legal representative, I herby give consent to Arbor Christian Fellowship located at 23302 El Toro Rd, Lake Forest, CA, 92630 to provide first aid treatment when necessary by staff and volunteers, and obtain all emergency medical, or dental care prescribed by a duly licensed physician (M.D.), Osteopath (D.O.), or Dentist (D.D.S.)for Child (1) _____, Child (2) _____, Child (3) _____. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the child(ren) named above, including permission to provide emergency transportation to the nearest hospital and receive treatment. Child(ren) have the following medication allergies:

Child (1) _____, Child (2) _____,
Child (3) _____.

Physician (M.D.) name: _____ address: _____
phone: _____.

Dentist (D.D.S.) name: _____ address: _____
Phone: _____.

Date _____.

Parent or authorized legal representative signature _____.

Parent or authorized printed name _____.

Photographs are sometimes taken of children's ministry activities for publicity and promotional purposes, which include, but are not limited to in - house presentations, church web sites, brochures, and newsletters. By signing below, you are releasing Arbor Christian Fellowship to use photographs of your child(ren) as stated above.

Parent or authorized legal representative signature _____.

Parent or authorized legal representative printed name _____.