



First United Methodist Church – Picayune, Mississippi
Clubber Registration/Information Form

Amount Rcd _____ Ck # _____ By _____ Date
Completed _____

Annual Fee - \$35.00
Weekly Dues .50

Club Placement

- ☐ Puggles- 1 - 2 year olds
☐ Cubbies - 3 & 4 year olds (must be 3 years by 9/1/10)
☐ Sparks - Kindergarten (must be 5 years by 9/1/10) – 2nd Grade
☐ T & T (3rd – 6th Grade)
☐ Trek (Jr. Youth)
☐ Journey (Sr. Youth)

Shirt Size _____

Child's Name _____ Birth Date _____ Age _____ Grade _____

Home Phone _____ E-mail _____

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

School Child Attends _____ Sex: ☐ Male ☐ Female

Church that you regularly attend: _____ ☐ I am a member
☐ First United Methodist ☐ Other - _____ ☐ None

Photographs are sometimes taken of AWANA ministry activities for publicity and promotional purposes, which include, but are not limited to, in-house presentations, church web sites, brochures and news-letters. Children's names or information are never used without specific permission. By signing this area, you are releasing First United Methodist to use photographs of your child as stated above and give permission for First United Methodist Church to use any photographic/video likeness of their child for ministry related media productions on/in videos, brochures, websites, or other publications.
Signature of Parent/Guardian _____ Date _____

Mother's Name _____ E-mail (Home or Work) _____

Telephone (H) _____ (W) _____ (C) _____ (Pager) _____

Address _____
(If Different from child) Street/Apt.# _____ City _____ State _____ Zip Code _____

Church that you regularly attend (if different than child):
☐ Other - _____ ☐ I am a member ☐ None

I would like a visit to learn more about Awana ministries at First United Methodist ☐ Yes ☐ No
I may be interested in serving in Awana ministries at First United Methodist ☐ Yes ☐ No

Father's Name _____ E-mail (Home or Work) _____

Telephone (H) _____ (W) _____ (C) _____ (Pager) _____

Address _____
(If Different from child) Street/Apt.# _____ City _____ State _____ Zip Code _____

Church that you regularly attend and/or are a member of (if different than child):
☐ Other - _____ ☐ I am a member ☐ None

I would like a visit to learn more about Awana ministries at First United Methodist ☐ Yes ☐ No
I may be interested in serving in Awana ministries at First United Methodist ☐ Yes ☐ No

Siblings Names and Ages: _____
Child's Name: _____ Date of Birth: _____

INSTRUCTIONS TO PARENTS:
(1) Complete all items on all sides of this form. Sign and date where indicated.
(2) If your child has a medical condition which might require emergency medical care, complete the last page of this form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

List other people that are authorized to pick up your child from activities sponsored by First United Methodist Awana:

Name _____ Relationship to Child _____

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

Name _____ Relationship to Child _____

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

When parents cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name _____

Telephone (H) _____ (W) _____ (C) _____ (Pager) _____

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

2. Name _____

Telephone (H) _____ (W) _____ (C) _____ (Pager) _____

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

For your information, we expect each child to conform to rules of conduct to include but not be limited to:
No possession or use of alcohol, drugs, or tobacco
No fighting, weapons, fireworks, lighters, or explosives
No offensive or immodest clothing
Respect property
Respect one another, staff, and adult leaders
Respect and comply with event schedule

I understand any failure to follow the rules set by First United13.5 Methodist Church for AWANA and/or any of its associated programs may be cause for the attendee to be sent home at the expense of the parent/guardian.

I further understand that the attendee and their parents/guardian will assume the cost of damage that he/she causes to property and goods.

If any of the included information changes, I will complete and submit a new form ASAP.

Signature of Parent/Guardian _____ Date _____