RE: AWANA Registration

Dear Parents,

Welcome to the 2026-2027 AWANA Club Year! We are all very excited to start the New Year once again! Some of the leaders are new, and some will be returning, but all are anticipating a blessed year ahead with your children!

Attached is the registration form for this year. Please fill out all the required information and return ASAP, so that we will be prepared to receive your child into his/her club on our starting date of **Wed. Sept 23.** Our club times are **6:30 – 8:00 p.m.** There are clubs for children **aged 3 – 14**. Of course, please try to be prompt so that each club will be able to accomplish all the fun things planned for the evening and be able to finish up on time to get home again on a school night!

Should there be any questions, problems, or concerns, feel free to immediately contact your child's leader. Of course, we want to address any issues so that your child has a wonderful AWANA experience!

The registration amount is as follows: **$45 for the first child and $35 for each additional child.** Preschool uniforms will be $15 above that fee. **Of course, we do not want any child to be left out of AWANA for any financial reasons, so please do not let this stop you from registering your child!** There is a scholarship program available so call the office at 732-431-0299 for further information. We look forward to seeing you and your children on Wednesday, September 23rd.

In Christ,

The AWANA Leadership Team

Please indicate below your child's name, grade in school, and the size that you would like your child to have in a uniform (pix and sizes of uniforms are available if necessary)

Child's name _____ Upcoming Grade _____ Size _____(S—M—L—XL)
Child's name _____ Upcoming Grade _____ Size _____
Child's name _____ Upcoming Grade _____ Size _____
Child's name _____ Upcoming Grade _____ Size _____

Emergency Contact Info (name, telephone numbers) _____

1244 West Farms Road · Howell, NJ 07731
Phone: 732-431-0299 Email: questions@ibcnj.org

MEDICAL RELEASE FORM

Child's Name(s)	Date of Birth/ Grade	Allergies/Special Needs

Address_____
Street State Zip Code

Home Phone #_____ **Cell Phone #**_____

Email_____

Emergency contact in case parents cannot be reached:

_____

Name Relationship to child(ren) Phone #

I GIVE PERMISSION FOR MY CHILDREN TO ATTEND AND PARTICIPATE IN THE AWANA ACTIVITIES. IN CASE OF A MEDICAL EMERGENCY, EVERY EFFORT WILL BE MADE TO CONTACT ME. HOWEVER, IF I CAN NOT BE REACHED, I GIVE MY PERMISSION TO THE STAFF AT IMMANUEL BIBLE CHURCH TO SECURE THE SERVICES OF EMERGENCY PERSONNEL/LICENSED PHYSICIANS TO PROVIDE THE NECESSARY CARE, INCLUDING ANESTHESIA (IF NECESSARY) FOR MY CHILDREN'S WELL-BEING.

I UNDERSTAND THAT IMMANUEL BIBLE CHURCH, THE AWANA PROGRAM, AND ITS STAFF ARE NOT HELD RESPONSIBLE FOR ANY MONETARY INCURRENCE FOR SAID MEDICAL TREATMENT.

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Parent's Signature Date

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