

SRVGC AWANA CLUB REGISTRATION 2016 – 2017

* 請父母/監護人務必仔細填寫正反面各欄，並在背面簽字。*

Parent's information: (Please fill every items)

Father/Guardian: _____ Contact Phone#: _____

Are you a Christian? _____ Email: _____

Mother/Guardian: _____ Contact Phone#: _____

Are you a Christian? _____ Email: _____

Alternate Person: _____ Contact Phone#: _____

(In case both parents cannot be reached)

Home Address:

	Child's Name	Date of Birth	Grade	Cubbie* (3-4 years old)	Sparks (K-2nd)	T&T (3rd – 6th)
1						
2						
3						

***Cubbie program will be offered if there is more than 5 children registered by 8/31/16**

Membership Fees: (Please make check payable to SRVGC. If you are in need of financial assistance, please see Xiaoying Shu.)

Clubs	New (Include AWANA Uniform & Material)	Continuing (Include Material)
Cubbies (3 to 4-years olds)	\$46	\$30
Sparks (k-2nd grader)	\$45	\$35
T&T (3 – 6th grader)	\$45	\$35

(Note: If you are 2nd grader and 4th grader in 2015-2016, you will be in new club; for 3 and 4-years olds if you already have uniform and cubbie bags, you will be continuing Cubbie.)

Total Fees: _____

Parent Volunteer:

() I'd like to help in the AWANA night

MEDICAL TREATMENT

In case of emergency, I understand that the church, through the designated person in charge, will first Attempt to notify me or the alternate person listed. In the event we cannot be reached, I hereby grant permission to the physician or hospital selected by San Ramon Valley Gospel Church (SRVGC), or the person in charge, to hospitalize, to secure proper treatment and/or to order an injection, anesthesia or surgery for my child as deemed necessary. I further understand that the undersigned will assume full financial responsibility for all expenses incurred for any of the foregoing services and release SRVGC of any liability.

Signature of Parents/Guardians: _____ Date: _____