

**First Baptist Church, Smithville, TN  
Awana Registration/Information Form**

Date Completed: \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Child's Home Address** \_\_\_\_\_  
Street/Apt.# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**School Child Attends** \_\_\_\_\_ **invited by:** \_\_\_\_\_

Church that you regularly attend and/or are a member of :

Smithville FBC       Other - \_\_\_\_\_       None

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. Children's names or information are never used without specific permission. By signing this area, you are releasing Smithville First Baptist Church to use photographs of your child as stated above.

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 and/or are a member of (if different than child) :

Smithville First Baptist Church       Other - \_\_\_\_\_       None

*I would like a visit to learn more about children's ministries at Smithville FBC*     Yes     No  
*I may be interested in serving in children's ministries at Smithville FBC*     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) :

Smithville FBC       Other - \_\_\_\_\_       None

*I would like a visit to learn more about children's ministries at Smithville FBC*     Yes     No  
*I may be interested in serving in children's ministries at Smithville FBC*     Yes     No

**List other people that are authorized to pick up your child from activities sponsored by Smithville First Baptist Church**

**Name** \_\_\_\_\_ **Relationship to Child** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street/Apt.# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship to Child** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street/Apt.# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**ANNUAL UPDATES** \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
(Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)



**INSTRUCTIONS TO PARENT:**

- (1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_

Medications currently being taken by your child: \_\_\_\_\_

Date of your child's last tetanus shot: \_\_\_\_\_

Allergies/Reactions: \_\_\_\_\_

**EMERGENCY MEDICAL INSTRUCTIONS:**

(1) Signs/symptoms to look for: \_\_\_\_\_

(2) If signs/symptoms appear, do this: \_\_\_\_\_

(3) To prevent incidents: \_\_\_\_\_

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OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**Note to Health Practitioner:**

If you have reviewed the above information, please complete the following:

\_\_\_\_\_  
Name of Health Practitioner \_\_\_\_\_ Date

\_\_\_\_\_  
Signature of Health Practitioner ( ) Telephone Number