

Collin Creek Community Church Awana New Registration Form

Child's Name: _____

Grade: _____ Birth Date: _____ Age: _____ Club: _____

Parent's Names: _____

Mom Cell: _____ Dad Cell: _____

Home Phone: _____ E-Mail Address: _____

Address _____ City _____ Zip: _____

Church Attending: _____

EMERGENCY CONTACT: _____ PHONE: _____

CUBBIES

(3 and 4 year olds--2 years before Kindergarten)

Welcome to Cubbies.....\$75.00

Kit Includes:

- *Dues (1 year - \$30)
- *Cubbie Blue Vest (\$10)
- *Cubbie Handbook (\$8)
- *Cubbie Blue Book Bag (\$6)
- *All Associated Awards
- *Music Handbook Cassette (\$ 4.50) or CD (\$10)

SPARKS

(Kindergarten thru 2nd grade)

Welcome to Sparks.....\$75.00

Kit Includes:

- *Dues (1 year - \$30)
 - *Sparks Red Vest (\$11)
 - *Skipper Handbook (\$8)
 - *Sparky Book Bag (\$6)
 - *All Associated Awards
 - * Music Handbook Cassette (\$ 4.50) or CD \$10
- If Skipper Handbook completed, check box
- If Hiker Handbook completed, check box

Truth & Training: The Ultimate Adventure

(3rd through 5th grade)

Kit Includes:

- | | | | |
|---|-------------------------------|---------------------|------|
| *Polo Uniform Shirt | circle size: kids size: 14 16 | \$18 | |
| | or adult size: S M L XL | | \$22 |
| *Book 1 Handbook | | \$9 | |
| *Awana Book Bag | | \$7 | |
| *All Associated Awards | | \$13 | |
| *Dues for 1 year | | <u>\$30</u> | |
| Welcome to T&T (Total T&T kit cost) | | \$75 or \$79 | |
| Music Handbook Cassette (\$ 4.50) or CD(\$10) | | | |

PLEASE MAKE CHECKS PAYABLE TO: CCCC- AWANA

Cash Check Other Amount: \$ _____ Check # _____ Balance Due \$ _____

Notes: _____

CCCC Awana Returning Registration Form

(For returning clubbers only)

*If your child is graduating to Sparks or T&T, please complete the New registration form.

Child's Name: _____ Club: _____

Grade: _____ Birth Date: _____ Age: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ E-mail Address: _____

Parent's Names: _____

Mom Cell: _____ Dad Cell: _____

Church Attending: _____

EMERGENCY CONTACT: _____ PHONE _____

Dues (1 year)	\$ 30.00
New Handbook (if needed): _____	\$ _____
(list the name of handbook needed & see attached price list for cost)	
Other Items Needed: _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

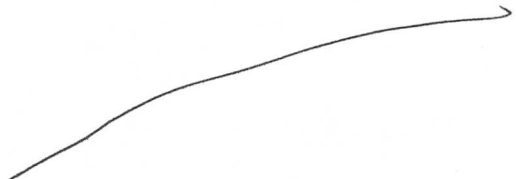
Please make checks payable to CCCC-Awana

Please do not write below this line - for office use only

Payment Type: _____ Date Rec'd: _____ Club: Cubbies / Sparks / T&T

Cash: _____ Check: _____ Other: _____ Amt: \$ _____ Ch # _____ Balance Due: \$ _____

Notes: _____



NEXT HANDBOOK & REPLACEMENT PRICE LIST

Cubbies		Sparks	
_____ 2 nd Year Handbook	\$20.00	_____ Hiker Handbook	\$15.00
_____ Replacement Cubbies vest	\$10.00	_____ Climber Handbook	\$20.00
_____ Cubbie Bag	\$ 6.00	_____ Music CD	\$10.00
_____ Cubbie Hndbk Music CD	\$10.00	_____ Replacement Sparks Bag	\$ 6.00
_____ Replacement Lost book	\$ 8.00	_____ Replace rank emblem	\$ 2.00/ea
_____ Replace achieve emblems	\$ 1.00/ea	_____ Replace review emblem	\$ 2.00/ea
_____ Replace trail patches	\$ 2.00/ea	_____ Replace crown	\$ 2.00/ea
_____ Cubbies Award Banner	\$ 5.00/ea	_____ Replace S.S. patch	\$ 1.00/ea
		_____ Replace Handbook	\$ 8.00/ea
		_____ Replace Vest	\$10.00

Truth & Training : The Ultimate Adventure

_____ Book 2 (includes all awards)	\$28.00
_____ Book 3 (includes all awards)	\$30.00
_____ Book 4 (includes all awards)	\$36.00
_____ Replace Handbook only	\$ 8.00
_____ Replace T&T award Badge	\$ 3.00
_____ Polo Shirt (kids size)	\$18.00
_____ Polo Shirt (Adult S, M, L, XL)	\$22.00
_____ Polo Shirt (Adult XXL)	\$25.00
_____ Polo Shirt (Adult XXXL)	\$27.00
_____ Replace Book Completion patch	\$ 1.25
_____ Replace award seals (stickers)	\$ 0.50/ea
_____ Replace book bag	\$ 7.00
_____ Music CD (one for each handbook)	\$10.00
_____ Book 1 computer game CD	\$16.00
_____ Data Check!	_____ Space Chase

PLEASE MAKE CHECKS PAYABLE TO CCCC-AWANA.

AWANA MEDICAL RELEASE FORM

Name of Child _____
Please fill out completely and return to the Awana office at Collin Creek Community Church.

Father's Name _____ Mother's Name _____

Employer _____ Employer _____

Work/Cell Phone _____ Work/Cell Phone _____

Are there any restrictions on normal physical activities? Yes _____ No _____
If yes, please specify _____

Does your child have a chronic medical condition necessitating dietary supplement or restrictions?
Yes _____ No _____ If yes, please specify _____

Is your child allergic to any of the following: insect bites _____ sun _____ pollen _____
motion sickness _____ prone to overexertion _____ food _____
other _____

Is your child allergic to any medications? Yes _____ No _____
If yes, please specify _____

Date of last tetanus shot _____

Emergency Medical Care:

Doctor Address Phone

Hospital Address Phone

I hereby authorize CCCC Awana to take my child to the above named physician or facility for medical treatment in the event of an emergency to which neither parent can respond.

Parent/Guardian Signature Date

I hereby authorize any licensed physician or medical treatment center to treat my child in case of an emergency in which the above named physician cannot respond.

Parent/Guardian Signature Date

I hereby authorize CCCC to transport my child to or from the church on Awana sponsored activities.

Parent/Guardian Signature Date

Video Permission Slip

The Awana program would like your permission to take photographs and/or video of your child. These photos/video would not be distributed for outside purposes.

Signature _____ Date _____