



For 2 Year Olds through 6th Grade

New Year Begins

Wednesday, September 6th
7:00pm

New Promise Church
8671 Euclid-Chardon Rd. Kirtland
info@newpromisechurch.us

Class Time 7:00pm to 8:15pm
each Wednesday night

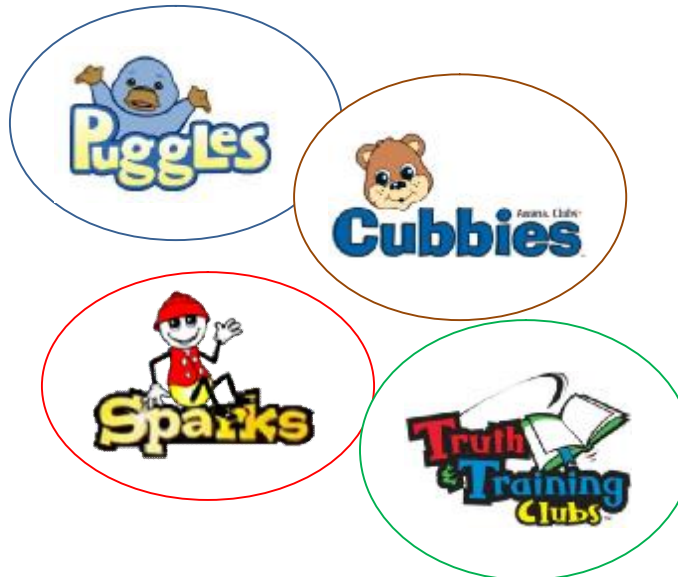
MISSION STATEMENT

We exist so that the children of New Promise Church and beyond will come to know, love and serve the Lord Jesus Christ.

OUR MOTTO

To Know, Love and Serve Jesus Christ

- Parents please carefully complete the Registration Form and Medical Release Form in this flyer.
- Registration fee this year is \$20 per child with a maximum of \$40 per family.
- Registration fee helps cover the cost of the venue, awards, crafts and supplies.
- Please make checks payable to New Promise Church and indicate Awana in the notes.
- If you have questions or concerns, you may contact Marcia Jenks at 440-255-2777 or by email at marciajenks@oh.rr.com.



REGISTRATION FORM

Parent/Guardian Name(s)
Address
Home Phone
Dad's Cell
Mom's Cell
Email
Church you attend
Person(s) authorized to pick up your child
Special Circumstances (pick up)
Photo Release: I authorize my child(ren) to be photographed for the purposes of advertisement for Awana. _____ Date _____

Medical Release: In consideration for my child _____ being allowed to participate in the Awana Clubs, on behalf of my child, my spouse and myself, I hereby assume all risks in connection with the Awana Clubs and I further release New Promise Church, the Pastoral Staff, or Teachers thereof from all claims, judgments, liability for any injury or damage that the child or his/her estate, myself or my spouse ever had, now has or may have due to the child's participation in the Awana Clubs, including all risks connected therewith whether foreseen or unforeseen. I fully understand what is involved in the Awana Clubs and I understand that I have the opportunity to call the church and/or Leader and ask him/her about the Awana Clubs.

Emergency Contact: _____ Relationship: _____

Phone Number: _____ Health Insurance Co: _____ Policy/Group #: _____

Parent/Legal Guardian Signature _____ Date: _____

Allergy Information/Special Needs: _____

Child	Club/Grade	Fee	Total
		\$20.00	
		\$20.00	
		0	
		0	

For Office Use: Paid In Full Cash Check # _____ Date received _____
 Scholarship Application: _____ Amount Paid _____
 Approved _____

