



## 2010-2011 Child and Youth Enrollment Form

Awana  
  Districts  
  Mission Trip  
  Service Project  
  VBS

Parent Information			
Mother's Information			
First Name ↑	Last Name ↑		
Street Address/Mailing Address ↑			
City ↑	WI ↑	Zip ↑	Home Phone ↑
<b>Primary Cell #:</b>		<b>Work #:</b>	
<b>Primary Email:</b>			
Attend High Point Church: <input type="checkbox"/> Yes <input type="checkbox"/> No Not HPC, where?			
<i>If info is repetitive, give only info that differs from above</i>			
Father's Information			
First Name ↑	Last Name ↑		
Street Address/Mailing ↑			
City ↑	WI ↑	Zip ↑	Home Phone ↑
<b>Primary Cell:</b>		<b>Work #:</b>	
<b>Primary Email:</b>			
Attend High Point Church: <input type="checkbox"/> Yes <input type="checkbox"/> No Not HPC, where?			
<b>Family Physician:</b>		<b>Phone #:</b>	
Emergency Contact Info			
Primary Contact			
First Name ↑	Last Name ↑		
Best Phone Number ↑	Relationship to child/student ↑		
Secondary Contact			
First Name ↑	Last Name ↑		
Best Phone Number ↑	Relationship to child/student ↑		

## Child Information

### Child 1:

Child 1:			
First Name ↑		Last Name ↑	
D.O.B. (dd/mm/yyyy)↑			
<input type="checkbox"/> Male <input type="checkbox"/> Female		School attending:	
<b>Please Circle Grade/Preschool Level as of 9/1/10</b>			
Age: 2 3 4	K 1 2 3 4 5	6 7 8	9 10 11 12
Preschool	Grade School	Middle School	High School
Is there a friend you'd like your child grouped with?			
May we use a photo of your child participating in this activity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Medical Information</b>			
Known Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No			
Food or environmental allergies affecting this activity <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, give detailed information:			
Epi Pen <input type="checkbox"/> Yes <input type="checkbox"/> No		Seizure Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No	
ADD/ADHD <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of seizures:	
On Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No		Are Immunizations Current? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What medications is your child taking?			
Is High Point Church authorized to approve medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this child covered by personal/family medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, name of insurer:			
Policy or group number:			

### Child 2:

Child 2:			
First Name ↑		Last Name ↑	
D.O.B. (dd/mm/yyyy) ↑			
<input type="checkbox"/> Male <input type="checkbox"/> Female		School attending:	
<b>Please Circle Grade/Preschool Level as of 9/1/10</b>			
Age: 2 3 4	K 1 2 3 4 5	6 7 8	9 10 11 12
Preschool	Grade School	Middle School	High School
Is there a friend you'd like your child grouped with?			
May we use a photo of your child participating in this activity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Medical Information</b>			
Known Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No			
Food or environmental allergies affecting this activity: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, give detailed information:			
Epi Pen <input type="checkbox"/> Yes <input type="checkbox"/> No		Seizure Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No	
ADD/ADHD <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of seizures:	
On Medication <input type="checkbox"/> Yes <input type="checkbox"/> no		Are Immunizations Current? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What medications is your child taking?			
Is High Point Church authorized to approve medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this child covered by personal/family medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, name of insurer:			

Policy or group number: \_\_\_\_\_

<b>Child 3:</b>			
First Name ↑		Last Name ↑	
D.O.B. (mm/dd/yyyy) ↑			
<input type="checkbox"/> Male <input type="checkbox"/> Female		<b>School Attending:</b>	
<b>Please Circle Grade/Preschool Level as of 9/1/10</b>			
Age: 2 3 4	K 1 2 3 4 5		6 7 8
9 10 11 12	Preschool	Grade School	Middle School
High School			
Is there a friend you'd like your child grouped with?			
May we use a photo of your child participating in this activity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Medical Information</b>			
Known Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No			
Food or environmental allergies affecting this activity: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, give detailed information:			
Epi Pen <input type="checkbox"/> Yes <input type="checkbox"/> No		Seizure Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No	
ADD/ADHD <input type="checkbox"/> Yes <input type="checkbox"/> No		What type of seizures?	
On Medication <input type="checkbox"/> Yes <input type="checkbox"/> No		Are Immunizations Current? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What medications is your child taking?			
Is High Point Church authorized to approve medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this child covered by personal/family medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, name of insurer:			
Policy or group number:			

### Participant Agreement

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise. If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Participant and/or ALL parent/guardians if participant is a minor)*

## Awana Registration

Your child will need the following each week:

1. Awana Club Uniform
2. Awana Club Handbook
3. A Bible
4. Comfortable clothing
5. Gym shoes

### Fees

Fees are broken down into 3 categories: Registration dues, handbook, and uniform. Dues help defray the costs associated with running the Awana Program including awards for children, photocopying, supplies and a limited number of scholarships (given on basis of need). Book and uniform costs cover the actual item cost.

Please indicate the total number of children for each item				
Registration			Fee	Subtotal
Registration for 1 <sup>st</sup> child			\$30.00	
Registration for 2 <sup>nd</sup> child			\$25.00	
Registration for 3 <sup>rd</sup> child			\$20.00	
<b>Number of children registered:</b>			<b>Total →</b>	
Uniforms	Qty		Fee	
Puggles Shirt		x	\$9.00	
Cubbies Vest		x	\$10.00	
Sparks Vest		x	\$10.00	
T & T Shirt		x	\$15.00	
Trek Shirt		x	\$15.00	
			<b>Total →</b>	
Handbooks	Qty			
Puggles Handbook		x	\$10.00	
Cubbies Handbook		x	\$8.00	
Sparks Handbook		x	\$9.00	
T & T Handbook		x	\$8.00	
Trek Handbook		x	\$7.00	
			<b>Total →</b>	
Total due including dues, uniform, handbook				
<b>Today's date:</b>	<b>Amount received</b>		<b>\$</b>	

### Payment Options

1. Pay in full today (make checks payable to High Point Church)
2. Set up payment plan
3. Request scholarship

### **Awana needs help in all sorts of ways!**

Join our fun team on Wednesday nights!

Each of our Bible Clubs need more grownups helping kids.

There are administrative behind the scenes jobs too. Ask Steven and Tammy where you'd be the most help!