

- Complete front and back of form
- One form per family per year
- This information is used only by PGCC Awana and Staff

<b>1</b> Parents/Legal Guardians:			
		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian
Last Name _____	First Name _____	Last Name _____	First Name _____
Mailing Address: _____ City: _____ State: _____ Zip: _____			
Email: _____ (needed for Awana communications only)			

<b>2</b> Primary Contact:	Secondary Contact:	Contact other than Parent or Legal Guardian:
_____	_____	_____
Cell Phone # _____	Cell Phone # _____	Cell Phone # _____
Name _____	Name _____	Name _____

<b>3</b>	<input type="checkbox"/> Yes      Photos of my child may be taken for posting on the church bulletin board, local newspaper articles, <input type="checkbox"/> No      PGCC website, PGCC Facebook, and for other ministry-related purposes.
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<b>4</b> I, the Parent/Legal Guardian, authorize the following people to pick up my child(ren):		
Name: _____	Phone #: _____	Relationship: _____
Name: _____	Phone #: _____	Relationship: _____
Name: _____	Phone #: _____	Relationship: _____

**PGCC Awana staff will release children only to those listed above, UNLESS written consent is provided in advance to a Director, Awana Secretary, or Commander-in-Chief.**

5 Please provide all information requested.

Child's First Name <i>(and last name if different)</i>	M	F	Age	School Grade in 2025-2026	Date of Birth	Cubbies 3—5 years (K4)	Sparks (Grades K5-2)	T&T (Grades 3-5/6)

6 Please list any medical conditions, allergies or special instructions (if any) for the care of your child(ren):

7 **In Case of Emergency: PGCC or Children's/Student Ministry staff may seek medical attention for your children.**

For informational purposes, please provide your child's:

Clinic/Hospital: \_\_\_\_\_ Phone #: \_\_\_\_\_ Physician: \_\_\_\_\_  
(other than Aspirus)

8 I hereby state that the information I have provided on this form is complete and correct to the best of my knowledge:

\_\_\_\_\_

Print Name (Parent/Legal Guardian) Signature (Parent/Legal Guardian) Date

**\*Please Return Completed Form to an Awana Director or the Church Office\***