



FIRST BAPTIST CHURCH OF SAN MATEO
2026-2027 REGISTRATION FORM

Today's date: / /

➔ Make checks payable to **First Baptist Church**

CHILD INFORMATION

First Name:		Last Name:	
Preferred Name:		Age:	Birth Date: / /
		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Address:		City:	Zip:
School:			Grade:
Parent/Guardian Names:			
Relationship to Child:		Email Address:	
Home/Cell #:()	Name: Home Cell	Other Cell #: ()	Name:

EMERGENCY CONTACTS

Contact #1:	Relationship to Child:	Cell #: ()
Contact #2:	Relationship to Child:	Cell #: ()

MEDICAL INFORMATION

List any allergies, medical conditions, medications, etc. (Use back of form if needed.)

Physician's Name:	Physician's Phone:
Insurance Provider:	Policy #
Physician's Address:	
Dentist's Name:	Dentist's Phone:
Insurance Provider:	Policy #
Dentist's Address:	

PARENT/GUARDIAN PERMISSION & CONSENT

I hereby authorize AWANA Club Leaders to call an ambulance in the case of an accident or acute illness and to arrange for necessary emergency and medical or surgical care in case I am not immediately available. It is understood that a conscientious effort will be made to notify me. I also agree to accept responsibility for the cost of any medical services. In addition, it is my understanding and agreement that neither AWANA Staff or First Baptist Church of San Mateo will be held liable in the event of accident or injury. Lastly, I agree that Truth & Training, Trek, and Journey Clubbers may be taken off campus for activities or ministry opportunities. I have read the above statements and hereby give my consent for my child to participate in AWANA Club.

Parent/Guardian Signature:	Date: / /
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ORDER FORM – MAKE CHECKS PAYABLE TO “FIRST BAPTIST CHURCH”

Puggles (2 yrs old)		Cubbies (pre-K)		Sparks (K-2 nd)		T&T (3 rd -6 th)		Trek/Journey (7 th -12 th)	
<input type="checkbox"/> Reg	\$35	<input type="checkbox"/> Reg	\$35	<input type="checkbox"/> Reg	\$35	<input type="checkbox"/> Reg	\$35	<input type="checkbox"/> Reg	\$35
<input type="checkbox"/> Craft/card	\$15	<input type="checkbox"/> Book	\$15	<input type="checkbox"/> Book	\$15	<input type="checkbox"/> Book	\$15	<input type="checkbox"/> Book	\$15
<input type="checkbox"/> Shirt	\$20	<input type="checkbox"/> Vest	\$20	<input type="checkbox"/> Vest	\$20	<input type="checkbox"/> T-Shirt	\$20	<input type="checkbox"/> T-Shirt	\$20
Total	\$	Total	\$	Total	\$	Total	\$	Total:	\$

OFFICE USE ONLY

Paid \$ _____ Cash Check # _____ Date Rec'd ____/____/____