



2025-2026 REGISTRATION FORM

Taft Avenue Community Church
1350 East Taft Avenue
Orange, CA 92865
714.637.3220
www.awana@taftavenue.org

PARENTS' NAMES _____

ADDRESS _____

CITY _____ ZIP _____

PHONE NUMBER _____ CELL _____

EMAIL ADDRESS _____

CHURCH NOW ATTENDING/CITY _____

TRANSFERRING FROM ANOTHER CLUB? WHAT CHURCH/CITY? _____

| CHILD'S NAME (FIRST & LAST) | BIRTHDATE | AGE | GRADE | SEX | GROUP (SEE BELOW) |
|-----------------------------|-----------|-----|-------|-----|-------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| GROUPS | | |
|---------|--------------|-------------------------|
| CUBBIES | Boys & Girls | Ages 3, 4 & 5yr (pre-K) |
| SPARKS | Boys & Girls | K through Grade 2 |
| T & T | Boys & Girls | Grades 3 through 6 |

REGISTRATION FEE PER IMMEDIATE (SIBLINGS) FAMILY

Fee does NOT include uniform, except for the Cubbies.

The fee DOES include: dues, books, awards, prizes and store.

If this is a financial burden, please speak with the AWANA Secretary or Commander.

Cash or check payable to Taft Avenue Community Church

| NUMBER OF CHILDREN | FEE | EXT. FEE |
|-----------------------|-------|----------|
| 1 ST CHILD | \$ 40 | \$ 40 |
| 2 ND CHILD | \$ 35 | \$ 75 |
| 3 RD CHILD | \$ 30 | \$105 |
| 4 TH CHILD | \$ 25 | \$130 |
| EACH ADDITIONAL CHILD | \$ 15 | \$145 |

| | OFFICE USE | | | PAYMENTS |
|---------------|------------|---------|-----------|-----------|
| # OF CHILDREN | | CASH | DATE PAID | DATE PAID |
| | | | | |
| AMOUNT OWED | | | | DATE PAID |
| | | | | |
| AMOUNT PAID | | CHECK # | REC'D BY | DATE PAID |
| | | | | |
| BALANCE DUE | | | | DATE PAID |
| | | | | |
| BALANCE PAID | | | | |

PLEASE COMPLETE EMERGENCY RELEASE ON THE REVERSE SIDE

Permission Slip –Child #1

Child’s name: _____ Date: _____

I give permission for my above-named child to attend the AWANA Clubs and AWANA Activities for the 2025-26 club-year at Taft Avenue Community Church with the understanding and agreement that neither the church nor any individual be held responsible in the event of accident, injury or disobedience. I further give permission for my child to be treated by a licensed physician designated by the group, in case of emergency only.
I give Taft Avenue Community Church permission to use photo and video taken of my child for use in promotional materials.

Parent’s Signature _____ Phone _____ Cell _____

Alternate Name _____ Phone _____ Cell _____

This child may also be picked up by _____ Phone _____

This child MAY NOT be picked up by _____

Please list any medical or physical limitations. Include allergies to medication(s) and/or food(s). _____

Permission Slip –Child #2

Child’s name: _____ Date: _____

I give permission for my above-named child to attend the AWANA Clubs and AWANA Activities for the 2025-26 club-year at Taft Avenue Community Church with the understanding and agreement that neither the church nor any individual be held responsible in the event of accident, injury or disobedience. I further give permission for my child to be treated by a licensed physician designated by the group, in case of emergency only.
I give Taft Avenue Community Church permission to use photo and video taken of my child for use in promotional materials.

Parent’s Signature _____ Phone _____ Cell _____

Alternate Name _____ Phone _____ Cell _____

This child may also be picked up by _____ Phone _____

This child MAY NOT be picked up by _____

Please list any medical or physical limitations. Include allergies to medication(s) and/or food(s). _____

Permission Slip –Child #3

Child’s name: _____ Date: _____

I give permission for my above-named child to attend the AWANA Clubs and AWANA Activities for the 2025-26 club-year at Taft Avenue Community Church with the understanding and agreement that neither the church nor any individual be held responsible in the event of accident, injury or disobedience. I further give permission for my child to be treated by a licensed physician designated by the group, in case of emergency only.
I give Taft Avenue Community Church permission to use photo and video taken of my child for use in promotional materials.

Parent’s Signature _____ Phone _____ Cell _____

Alternate Name _____ Phone _____ Cell _____

This child may also be picked up by _____ Phone _____

This child MAY NOT be picked up by _____

Please list any medical or physical limitations. Include allergies to medication(s) and/or food(s). _____

Permission Slip –Child #4

Child’s name: _____ Date: _____

I give permission for my above-named child to attend the AWANA Clubs and AWANA Activities for the 2025-26 club-year at Taft Avenue Community Church with the understanding and agreement that neither the church nor any individual be held responsible in the event of accident, injury or disobedience. I further give permission for my child to be treated by a licensed physician designated by the group, in case of emergency only.
I give Taft Avenue Community Church permission to use photo and video taken of my child for use in promotional materials.

Parent’s Signature _____ Phone _____ Cell _____

Alternate Name _____ Phone _____ Cell _____

This child may also be picked up by _____ Phone _____

This child MAY NOT be picked up by _____

Please list any medical or physical limitations. Include allergies to medication(s) and/or food(s). _____
