



Compass Church 2018- 2019 Enrollment Form
September 11, 2018 - May 14, 2019

Date: _____

Payment:

\$45.00 registration. \$12.00 handbook. \$16.00 for uniform (\$73.00 total)

NEW TO AWANA? [] RETURNING TO AWANA? []

Child's Name _____ Grade: _____ Age _____ Birthdate _____ / _____ / _____

Parent/Guardian Last Name _____ Parent/Guardian First Name(s) _____

Mailing Address _____ City _____ Zip _____

Home Phone _____ Email _____
(important, frequent updates or changes sent thru e-mail)

Dad's Work Phone _____ Mom's Work Phone _____

Dad's Cell _____ Mom's Cell _____

Child's School _____

In case of emergency notify _____ Phone _____

How did you hear about Awana? _____

Name of church you attend _____ [] Don't attend church

Uniform [] Already has uniform

Book [] Already has book

Cubbies 3 & 4 years old

[] Small (4) [] Medium (5) [] Large (6) [] XL (8) [] XXL (10)

[] HoneyComb

Sparks Kindergarten, 1st Grade, & 2nd Grade

[] Youth(Large) [] Youth(XL) [] Youth(XXL)

[] Hang glider - book 1

[] Wing runner - book 2

[] Sky stormer - book 3

T & T

Adventure 3rd Grade & 4th Grade (Green & White)

[] Youth(Large) [] Adult (Small) [] Adult (Medium)

Challenge 5th Grade & 6th Grade (Blue & White)

[] Adult (Small) [] Adult (Medium)

[] Agents of Grace

Parent volunteers are essential to running AWANA activities smoothly and ensure that clubbers receive adequate support during section time. 4 nights minimum are required. Please refer to the AWANA calendar for dates: More information will follow prior to your volunteer dates.

I/We can help:

Table with 2 columns: Fall Dates, Spring Dates. Rows 1 and 2.

Compass Church Release Form for Use of Personal Images

From time to time during the club year videos, photographs, and/or slides will be taken of our Clubbers. These will be used for publicity purposes only. Your signature below grants permission for Compass Church to use videos, photographs, and/or slides of your child for publicity purposes.

Parent/Guardian Signature _____

Date: _____

For questions please contact Bonnie Mockabee at 831- 422-7811 x302 or MonicaJo Gilmore at x125

AWANA@compasschurchmc.org

Compass Church ★ 830 Padre Dr. ★ Salinas, CA 93901 ★ 422-9887 FAX

PARENTAL COMMITMENT

“Hear, O Israel: The Lord our God, the Lord is one! You shall love the Lord your God with all your heart, with all your soul, and with all your strength. And these words which I command you today shall be in your heart. You shall teach them diligently to your children, and shall talk of them when you sit in your house, when you walk by the way, when you lie down, and when you rise up.” Deuteronomy 6:4-7

Dear AWANA parents,

God has commanded us as parents to teach our children about the Lord and train them up in His Word. As parents, we have the most influence on our child’s spiritual foundation by our example and interaction. AWANA is here as a tool to partner with you as you train up your child in the Lord. We take the privilege of ministering to you and your children prayerfully and seriously. Thank you for prioritizing your child’s spiritual growth by allowing him/her to participate in this program.

May God richly bless your obedience. AWANA stands for ‘approved workman are not ashamed’ from 2 Timothy 2:15 which reads. “Be diligent (or study) to present yourself approved to God, a worker who does not need to be ashamed, rightly dividing the word of truth.” Through Bible teaching, scripture memorization, and discipleship, our goals are that your child will come to know, love, and serve our Lord Jesus Christ.

We believe 1 Timothy 3:16-17 that “All Scripture is given by inspiration of God, and is profitable for doctrine, for reproof, for correction, for instruction in righteousness, that the man of God may be complete, thoroughly equipped for every good work.” We pray that God will use the AWANA curriculum to grow and mature your faiths together as you work with your child at home.

I/We will:

1. Pray for _____ daily. That God will help him/her to understand God’s Word and live it out.
2. Set aside regular time to help him/her learn the verses so that he/she can come prepared and retain God’s Word deeply.
3. Make coming to AWANA weekly a commitment and priority.
4. Make time to ask my/our child about what he/she is learning in AWANA, from the verses, and take time to listen.
5. Communicate any questions and concerns so that we may find solutions together.
6. Follow through with volunteer dates. Your child will be excited to have you present to share his/her AWANA nights.

Signature _____

Our prayers are with you and for you. Thank you, for your heart and willingness to obey and be faithful to God’s calling and commandments.

“(May) the eyes of your understanding being enlightened; that you may know what is the hope of His calling, what are the riches of the glory of His inheritance in the saints, and what is the exceeding greatness of His power toward us who believe, according to the working of His might power...” Ephesians 1:18-19

For questions please contact Bonnie Mockabee at 831- 422-7811 x302 or Monica Jo Gilmore at x125

AWANA@compasschurchmc.org

Compass Church ★ 830 Padre Dr. ★ Salinas, CA 93901 ★ 422-9887 FAX

MEDICAL AUTHORIZATION SLIP

TO WHOM IT MAY CONCERN,

AS THE PARENT/GUARDIAN OF: _____

I **authorize treatment** for sickness or injury of any nature by a licensed medical doctor as that doctor may deem advisable **during any event sponsored by Compass Church (Formerly First Presbyterian Church)**, 830 Padre Drive, Salinas, California 93901. I further request and authorize the use of any hospital facilities, which may become necessary in connection with such care and treatment. I understand that I am financially responsible for any medical treatment my child receives.

In consideration of the foregoing, I do hereby release from all liability all persons connected with providing such care and treatment and I agree to reimburse such persons for the cost of such care and treatment.

Please list any allergies or other medical information: _____

Family Physician: _____ Physician's Phone #: _____

Health Insurance Company: _____ Policy #: _____

In the event I become disabled while my child is participating in this event or unable to receive my child upon return from this event, I do hereby direct and authorize the leaders of the event to make all necessary arrangements to return my child to the care and control of an immediate family member or designated representative as listed below as soon as practical:

Emergency Alternative Contacts

1. Name: _____ Relationship: _____ Phone: _____

Address: _____

2. Name: _____ Relationship: _____ Phone: _____

Address: _____

PARENT/GUARDIAN:

Print Name: _____

Signature: _____ Date: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

For questions please contact Bonnie Mockabee at 831- 422-7811 x302 or Monica Jo Gilmore at x125

AWANA@compasschurchmc.org

Compass Church ★ 830 Padre Dr. ★ Salinas, CA 93901 ★ 422-9887 FAX