

Welcome to the 2015-2016 AWANA Club Year!

AWANA Club will be held Wednesday nights from 6-8pm starting September 9, 2015 Club check-in will begin at 5:45pm. Please make every effort to make sure your child is on time.

What's Happening This Year?

- Welcome back leadership team; led by our Commander, Pastor Nathan Hiner, Trek Director (Luke Thompson), T&T Director (Jacob Mendez), Sparks Directors (Dave & Beverly Goodell), Cubbies Director (Jenifer Johnson) and Children's Ministry Assistant (Jen Tucker). And a BIG welcome to Matt & Elaine Beiswenger, our new Journey Directors!
- Age Change for Cubbies: Three year-olds are not allowed to attend Cubbies unless a parent is present as a "parent helper" within Cubbies or serving as a leader elsewhere in AWANA Club.
- **JOURNEY Price Change!** JOURNEY now costs \$25 total for the entire year.

Registration & Materials Fees

Registration and materials fees includes preliminary club booklet and curriculum book for the club year. Uniforms, additional handbooks and replacement for lost items will have additional charges.

You have *two payment options* when paying for each of your children's registration and materials fees:

Option A One Payment: Registration Fee (\$15) + Materials Fee of (\$35) = \$50 per child for club year (Save \$5)
Option B Four Payments: Registration Fee (\$15) + 1st Materials Fee (\$10) = \$25 at time of sign-up; followed by three
individual materials fees of \$10 to be paid on November 11, January 13, & March 9. (Total amount of \$55)

Uniform Costs

Cubbies Vest	\$15
Sparks Vest	\$15
T&T 3 rd & 4 th Grade Shirt	\$15
T&T 5 th & 6 th Grade Shirt	\$15

COBC is committed to helping those who may need financial assistance. Please speak to Pastor Nathan and/or the Club Secretary for details

AWANA Service Discount: Parent participation is central for AWANA to be a successful program. It also helps build family unity and sets an example for our children of how to serve in the local church. In order to encourage parent participation, we are offering discounts for parents who serve on a weekly basis in the capacity of Director, Leader, Secretary or Listener. Qualified volunteers must fill out an application, pass a background check, and attend basic training. For one parent serving, materials fee will be waived for one of your children (a \$45 value). For two parents serving, materials fee will be waived for two of your children (a \$90 value). Contact Pastor Nathan if you are interested in serving.

Multi-child Discount: If more than 3 children from the same household are enrolled in club, each additional children's registration is \$15 and materials fees are waived. Cost for uniforms, additional handbooks and/or replacement for lost items will still apply. The multi-child discount does not apply if parents are receiving the AWANA Service Discount.

Welcome to COBC's AWANA program! This form must be completed and signed in order for your child to participate. Children 3 years of age can only attend club if a parent(s) is present as a parent helper or serving elsewhere in AWANA Club.

Space is limited and some children may go on a waiting list. Please print unless advised for signatures.

YOUR CHILD MUST BE COMPLETELY POTTY TRAINED BEFORE ENTERING CUBBIES!!!

Clubber Name:	Age: □3 □4 B	Birthday:/
Parent/Guardian(s) Name(s):		
Street Address: (If different, please correct) City: Tehac	hapi State: CA Zip: 93561	
Home Phone:	Cell Phone(s):	(for club nights)
E-mail address:		
Does your family have a church home? I	☐ Yes ☐ No Name of Church:	
Allergies, Medications, Medical/Special I	nfo:	
Name:	lividual(s) are authorized to pick up my child (Name: Name:	<u> </u>
paid on 11/11, 1/13 & 3/9.	als Fee (\$35) = \$50 (Save \$5) als Fee (\$10) = \$25 (due at sign up); followed by three in Cubbies Uniform: \$15 needed? □Y □N Please Check Size: □L (6) □XL (
	sical activities such as those held during game time. As withom any legal liability Country Oaks Baptist Church and any	
However, if I/we cannot be reached, I give my permi	al treatment for the child named above, I understand every ssion to the AWANA volunteers to secure the services of a esponsibility for all costs connected to any accident or treat	licensed physician to provide the
Medical Insurance Company:	Policy #:	
Doctor's Name:	Phone #:	
☐ Not Currently Insured. I understand that I am	responsible for all medical costs due to necessary med	dical treatment.
Oaks Baptist Church publications. I also give permis	ar among other general club photos with no identifying information for identifying information to be shown with the photo it ANA Sunday video during COBC's church services only.	
I have read and agree to the Terms and Conditions	stated above.	
Signature of parent or legal guardian:		Date:
	gistration Date:// Priority #: \ Fee: \$ Uniform: \$ Total Amt Paid: 3/9	

Welcome to COBC's AWANA program! This form must be completed and signed in order for your child to participate.

Space is limited and some children may go on a waiting list. Please print unless advised for signatures.

Clubber Name:						
Grade: □K □1st	□2 nd	Birthday:		School	:	
Parent/Guardian(s) I	Name(s):					
Street Address: (If different, please of	orrect) City: 1	ehachapi State	e: CA Zip: 9356	1		
Home Phone:			Cell Phone(s	s):	(for club	nights)
E-mail address:						
Does your family ha	ve a church ho	me? □ Yes □ N	No Name of Ch	nurch:		
Allergies, Medication	ns, Medical/Spo	ecial Info:				
Pick Up Authorization		• ,			l (must be over 18):	_
Name:						_
paid on 11/11, 1/13 & 3/9.	Sparks U	Iniform: \$15 (Spar	ks wear their unif	forms for 3 years o	individual materials fees of f club) 2XL (10) □3XL (12)	†\$10 to be
					vith any physical activity, there ny persons involved in the AW	
	e reached, I give my	permission to the A	WANA volunteers to	secure the services of	ry effort will be made to conta f a licensed physician to provi eatment of my child.	
Medical Insurance Comp	oany:			Policy #:		
Doctor's Name:				Phone #:		
☐ Not Currently Insured	l. I understand tha	at I am responsible f	for all medical cost	s due to necessary n	nedical treatment.	
	ications. I also give	permission for identif	ying information to b	e shown with the phot	nformation shown in various C to in the case that my child is	
I have read and agree to t	he Terms and Cond	ditions stated above.				
Signature of parent or le	gal guardian:				Date:	_
		_		-	_ Wait List? d: \$:k

Materials Fees Paid: 11/11___ 1/13___



REGISTRATION AND RELEASE FORM

Welcome to COBC's AWANA program! This form must be completed and signed in order for your child to participate.

Space is limited and some children may go on a waiting list. Please print unless advised for signatures.

Clubber Name:		
Grade: □ 3 rd □ 4 th □ 5 th □ 6 th Birthd	day://	
Parent/Guardian(s) Name(s):		
Street Address: (If different, please correct)	i State: CA Zip: 93561	
Home Phone:		(for club nights)
E-mail address:		
Does your family have a church home? ☐ Yo	es 🗆 No Name of Church:	
Allergies, Medications, Medical/Special Info:		
Pick Up Authorization: <i>The following individ</i>	lual(s) are authorized to pick up my ch Name:	
Name:	Name:	
Please Check: D	Fee (\$10) = \$25 (due at sign up); followed by t Uniform: \$15 Uniform needed? □Y □ N □UA 3 rd & 4 th Grade OR □UC 5 th & 6 th (ck Size: □10 □12 □14 □AS □AM □A	Grade
I understand that my child may participate in physical a of injury. I fully accept this risk and hold harmless from an Ministry.		
2) In the event of an emergency that requires medical treat- However, if I/we cannot be reached, I give my permission care necessary for my child's well being. I assume respor	to the AWANA volunteers to secure the services	s of a licensed physician to provide the
Medical Insurance Company:	Policy #:	
Doctor's Name:	Phone #:	
\square Not Currently Insured. I understand that I am resp	onsible for all medical costs	
3) I give permission for photo(s) of my child to appear ame Daks Baptist Church publications. I also give permission t as the Clubber of the Month to be shown in the AWANA S	for identifying information to be shown with the p	hoto in the case that my child is selected
have read and agree to the Terms and Conditions stated		Dato
Signature of parent or legal guardian: Registra Club Use Only: Reg. #: Registra	ation Date: / / Priority #-	Wait List?
Payment Date: / / Reg. Fee: S		

Materials Fees Paid: 11/11___ 1/13___ 3/9_



Welcome to COBC's AWANA program! This form must be completed and signed in order for your child to participate. Please print unless advised for signatures.

Clubber Name:	
Grade: □ 7th □ 8th Birthday://	School:
Parent/Guardian(s) Name(s):	
Street Address: (If different, please correct) City: Tehachapi	State: CA Zip: 93561
Home Phone:	Cell Phone(s): (for club nights)
E-mail address:	
Does your family have a church home? ☐ Ye	es 🗆 No Name of Church:
Allergies, Medications, Medical/Special Info:	
Pick Up Authorization: <i>The following individu</i> Name: Name:	
	club handbook for the club year. AWANA service and multi-child discounts, as well as, Please talk to Pastor Nathan and/or the Club Secretary.
☐ One-Time Payment: Registration (\$15) + Materials fe	, and the second
	niform Needed? □Y □N t Size: □AS □AM □AL □AXL □A2XL
	ctivities such as those held during game time. As with any physical activity, there is a risk y legal liability Country Oaks Baptist Church and any persons involved in the AWANA Club
However, if I/we cannot be reached, I give my permission to	tment for the child named above, I understand every effort will be made to contact me. to the AWANA volunteers to secure the services of a licensed physician to provide the sibility for all costs connected to any accident or treatment of my child.
Medical Insurance Company:	Policy #:
Doctor's Name:	Phone #:
•	onsible for all medical costs due to necessary medical treatment.
	ong other general club photos with no identifying information shown in various Country or identifying information to be shown with the photo in the case that my child is selected unday video during COBC's church services only.
I have read and agree to the Terms and Conditions stated	above.
Signature of parent or legal guardian:	Date:
Club Use Only: Registration Date:/_	
Payment Date: / / Reg Fee: \$	Handbook \$ Total Amt Paid: \$ □Cash □Check



Welcome to COBC's AWANA program! This form must be completed and signed in order for your child to participate.

Please print unless advised for signatures. **NOTE: the new registration price of \$25**.

Clubber Name:		
Grade: □9 th □10 th □11 th □12 th	Birthday:// School:	
Parent/Guardian(s) Name(s):		
Street Address:(If different, please correct)	chapi State: CA Zip: 93561	
Home Phone:	Cell Phone(s):	(for club nights)
E-mail address:		
Does your family have a church home?	Yes □ No Name of Church:	
Allergies, Medications, Medical/Special	Info:	
	niform and club handbook for the club year. AWANA service available. Please talk to Pastor Nathan and/or the Club Se	
☐ One-Time Payment: Registration (\$15) + Mat	terials fee (\$10) = \$25 total for the year.	
Please 0	Uniform Needed? □Y □N Check Shirt Size: □AS □AM □AL □AXL □A2XL	
	ysical activities such as those held during game time. As wifrom any legal liability Country Oaks Baptist Church and any	
However, if I/we cannot be reached, I give my pern	ical treatment for the child named above, I understand ever mission to the AWANA volunteers to secure the services of responsibility for all costs connected to any accident or treat	a licensed physician to provide the
Medical Insurance Company:	Policy #:	
Doctor's Name:		
☐ Not Currently Insured. I understand that I are	m responsible for all medical costs due to necessary me	edical treatment.
Oaks Baptist Church publications. I also give perm	ear among other general club photos with no identifying info hission for identifying information to be shown with the photo VANA Sunday video during COBC's church services only.	
I have read and agree to the Terms and Conditions	s stated above.	
Signature of parent or legal guardian:		Date:
Club Use Only: Registration Date	e://	
Payment Date:// Reg. F	ee: \$ Uniform: \$ Total Amt Paid: \$	S □Cash □Check