



Starts September 18th!

5:30 - 7:30 p.m.

Dinner Provided

Faith Community Fellowship is proud to offer Awana to the Massillon Community. The 2017-2018 year will be our tenth year of running the Awana program. Awana is in session the first three Wednesday's of every month, September- March, from 5:30 -7:30 pm with dinner, lessons, songs and games for the children. Attached are forms that must be filled out and signed.

- **Registration Form**
- **Parent Pick-Up Consent Form (must be updated from last year)**
- **Allergy Awareness Acknowledgement**

We are asking for your help this year in turning in ALL forms prior to registration. This will help with our Electronic Check-in process. We will have registration starting August 6th on Sunday morning. We are also asking that you pay the Awana Fee at registration. We take check or cash, you can make the check out to Faith Community Fellowship. The fee this year is \$10.00 per child, scholarships are available. Please see someone on staff if you are in need of a scholarship.

As always, we will register all year long, but if you are planning on starting at the beginning of our season please try and fill out the proper paperwork before the first night.

Thanks for your help in this matter.
FCF Awana Team & Staff

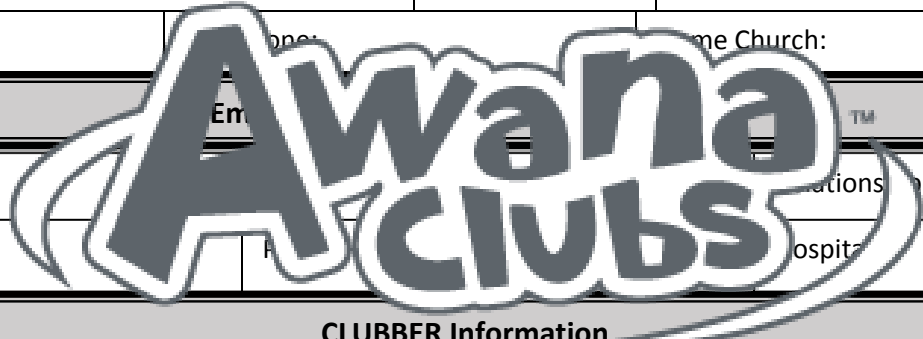
Awana fee must be paid at registration
\$10.00 per child

AWANA Registration Form 2019-2020

May we pray for your family? Yes No

Specific prayer requests: _____

Name of Guardian:		Relationship to child:	
Address:		Email:	
City:	State:	Zip code:	
Home Phone:	Home:	Home Church:	
Emergency Contact 1:		Relationship to child:	
Doctor:		Hospital:	



CLUBBER Information

Name of Child #1:		Grade:
Age:	Birthday:	School:
Allergies (state none if none) or Special information (Medications, activity restrictions):		

Name of Child #2:		Grade:
Age:	Birthday:	School:
Allergies (state none if none) or Special information (Medications, activity restrictions):		

Name of Child #3:		Grade:
Age:	Birthday:	School:
Allergies (state none if none) or Special information (Medications, activity restrictions):		

Name of Child #4:		Grade:
Age:	Birthday:	School:
Allergies (state none if none) or Special information (Medications, activity restrictions):		

Terms and Conditions

- 1.) I consent to and approve my child taking part in any and all activities at AWANA. I release, hold harmless and indemnify AWANA or Faith Community Fellowship, employees, volunteers, officers and directors from any and all liability, costs and claims arising from my child's participation in AWANA and Faith Community Fellowship.
- 2.) I grant permission that in an emergency where an AWANA volunteer cannot get ahold of a parent/guardian and/or emergency contact the AWANA volunteer can contact medical help or administer medical treatment (EpiPen). (Choose one) yes no
- 3.) I grant FCF's AWANA club the right to reproduce, publish and otherwise use my child's photograph in any and all social media. (Choose one) yes no
- 4.) I have read and reviewed the above information and it is correct and thorough.

Printed Name of Parent/Guardian
 Signature of Parent/Guardian
 Date

OFFICE USE ONLY: Form of Payment: Cash Check# Scholarship

Faith Community Fellowship Allergy Awareness Acknowledgement

Dear AWANA Parents,

Faith Community Fellowship recognizes the serious health risks peanuts and other food allergens pose to those affected by them. Through staff and teacher education, parent communication and attention to ingredients, we strive to minimize the risk of exposure to food allergens by those participating in church sponsored programs and activities.

Despite all the best efforts to be allergy aware, due to the size of the church, its programs and shared building use, we recognize that we cannot guarantee that products with nuts and other allergens will not be served. As a result, parents of children with food allergies are to be responsible and diligent in protecting themselves and their children at all church functions. Please note the following:

1. Parents are responsible for providing an “Allergy Action Plan” and/or an “Emergency Action Plan” for their child with allergies. This plan should be turned in with the AWANA registration packet. (If you have questions regarding these plans please consult with your child’s health care provider. Templates for these plans can also be found online.)
2. Parents are responsible to notify/remind the AWANA staff upon check-in regarding any allergy concerns.

An integral part of our AWANA Ministry involves providing dinner for the children prior to beginning the ministry portion of the evening. Each AWANA evening we feed approximately 150 children and volunteers. The food we provide is prepared entirely by volunteers who rotate each week. For this reason we cannot guarantee that the meal and snack provided will be allergen free. If this affects your child you can choose one of two courses of action which are as follows:

1. You are welcome to send your child to AWANA with their own meal and snack from home which they may eat during the regularly scheduled mealtime with the other children.
2. You may alternatively choose to bring your child at 6:00PM (as opposed to the regular start time of 5:30 PM). This option will allow the dinner portion of the evening to be avoided while still allowing your child to participate in the lesson, verse memorization and game time.

In consideration of Faith Community Fellowship’s Children’s Ministry allowing my child to participate in activities, I do hereby release and forever discharge Faith Community Fellowship’s Children’s Ministry, their staff, agents, employees and any parties volunteering on behalf of Faith Community Fellowship’s Children’s Ministry from all actions, claims, costs, expenses and damages of any nature whatsoever arising from or in connection with any allergy related health issue arising during participation in AWANA.

I acknowledge that I have received, read and understand Faith Community Fellowship’s above outlined allergy awareness acknowledgement.

Parent/Guardian (Print Name) _____

Child’s Name (Print) _____

Parent/Guardian (Sign Name) _____

1. _____

Date: _____

2. _____

3. _____

4. _____