



2009-2010

TM

Cubbies (Potty trained 3 yr. & 4 yr. olds)
Sparks (Grades Kindergarten, 1st, 2nd)
Truth and Training (Grades 3rd, 4th, 5th, 6th)

Mother/Guardian: First name _____ Last name _____

Father/Guardian: First name _____ Last name _____

Visiting Today _____ Joining Today _____

Address _____ City _____ Zip _____

Phone: Home _____ Cell _____ Work _____

Email _____

Home Church _____ How long have you attended? _____

Attention Cubbie Parents! There are two different time groups: Early (6:00-7:30pm) and Late (6:30-8:15pm). Early Cubbies is intended for families who do not have kids in other age groups.

CHILD 1

First name _____ Last name _____

Date of Birth ____ / ____ / ____ Gender Boy Girl

Age/Grade entering in Fall 2009 (by 9/1/09) Nursery/Puggles (volunteers only)

3yrs 4yrs K 1st 2nd 3rd 4rd 5th 6th

For Cubbies select time: Early (6:00-7:30pm) Late (6:30-8:15pm)

Please list any allergies or special concerns: _____

Friend (Name/Grade of person inviting you) _____

Church use only: Date received _____ Check _____ Cash _____ Guest _____ Register _____ MC _____

CHILD 2

First name _____ Last name _____

Date of Birth ____ / ____ / ____ Boy Girl

Age/Grade entering in Fall 2009 (by 9/1/09) Nursery/Puggles (volunteers only)

3yrs 4yrs K 1st 2nd 3rd 4rd 5th 6th

For Cubbies select time: Early (6:00-7:30pm) Late (6:30-8:15pm)

Please list any allergies or special concerns: _____

Friend (Name/Grade of person inviting you) _____

CHILD 3

First name _____ Last name _____

Date of Birth ____ / ____ / ____ Boy Girl

Age/Grade entering in Fall 2009 (by 9/1/09) Nursery/Puggles (volunteers only)

3yrs 4yrs K 1st 2nd 3rd 4rd 5th 6th

For Cubbies select time: Early (6:00-7:30pm) Late (6:30-8:15pm)

Please list any allergies or special concerns: _____

Friend (Name/Grade of person inviting you) _____

CHILD 4

First name _____ Last name _____

Date of Birth ____ / ____ / ____ Boy Girl

Age/Grade entering in Fall 2009 (by 9/1/09) Nursery/Puggles (volunteers only)

3yrs 4yrs K 1st 2nd 3rd 4rd 5th 6th

For Cubbies select time: Early (6:00-7:30pm) Late (6:30-8:15pm)

Please list any allergies or special concerns: _____

Friend (Name/Grade of person inviting you) _____

Throughout the year, photos may be taken of the children participating in various activities. These photos may be used for in-house promotional reasons or on the web.

If you DO NOT want your child to be photographed, please check here.

Send or bring completed form and payment of \$25.00 per child (make check payable to EFCN) to:
EFCN, ATTN: Awana Data Processing, 1551 E. Hobson Rd., Naperville, IL 60540 | 630.983.3232

****This form can be completed online at www.efcn.org****