

**KETTERING BAPTIST CHURCH  
CHILDREN & YOUTH MINISTRY FORM**

**Mother Name:** \_\_\_\_\_

**Father Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

Child's Name	Child's Birthdate

**Payment Form – Check one:**

\_\_\_\_\_  
Cash      Cash Amount      Check      Check Amount      Other      Amount

**Allergies:** \_\_\_\_\_

\_\_\_\_\_

**Other Concerns:**

## REQUIREMENTS FOR THE STUDENTS AND PARENTS

- All students must bring their Bible, Book, wear their uniform, and tennis shoes every week.
- All students must pay dues every week:
  - Cubbies and Sparks - \$.50
  - T&T Girls and Boys - \$1.00
  - Trek Girls and Boys - \$2.00
  - Journey Girls and Boys - \$2.00
  - All students must complete their home assignments.
- All students must participate in circle time.
- All students should be on time (AWANA starts at 7 p.m.).
- Parents have to pick up their children (**Cubbies, Sparks, and T&T**) from their classroom at 8:30 p.m.
- Cost of replacing lost books and/or shirts will be parent(s) responsibility.

Parents Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

PARENTAL PERMISSION FORM  
KETTERING BAPTIST CHURCH (AWANA MISSION)

1 Kettering Drive  
Kettering, MD 20774

This is to certify that \_\_\_\_\_, has my permission to attend the AWANA Mission Outreach on Wednesday from Kettering Baptist Church. I understand there will be sufficient adult supervision on this mission trip. Transportation will be provided.

Please complete the insurance information as requested below in the event there is an accident or injury. Please provide your telephone number and an emergency name and number in the event you cannot be contacted.

\_\_\_\_\_  
Signature of Parent of Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Emergency Name - Print Please

\_\_\_\_\_  
Emergency Telephone Number

\_\_\_\_\_  
Health Insurance Company

\_\_\_\_\_  
Policy Number