Awana Clubs

Because Kids Matter to God

Ephrata Bible Fellowship Church

Wednesday evenings from 6:45-8:15pm

August 26, 2026 - May 5, 2027

Cubbies

3-5 year olds

Must be 3 by September 1

Sparks

K- 2nd graders

T&T Truth & Training

3rd-5th graders

The vision and prayer of Awana is that all children and youth throughout the world will come to know, love, and serve the Lord Jesus Christ.

Each Wednesday, students will recite Bible verses, participate in small and large group lesson times, enjoy group games, and more. Special events for the year include Christmas & Closing Programs, Grand Prix race, Sparks Float-a-Boat, Cubbies Duckie race, and more.

Ephrata Bible Fellowship Church | 491 Peach Road, Ephrata | 717-733-2526 | office@ephratabfc.com

EBFC AWANA CLUBS

REACHING KIDS WITH THE GOSPEL

AWANA REGISTRATION 2026-2027

AUGUST 26- MAY 5 6:45-8:15PM

Child's Full Name:

_____

Date of Birth: _____

Age: _____ Grade: _____

Address: _____

_____

City: _____

State: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Church Child Attends:_____

_____

Parent/Guardian Names:

_____

Phone # of parent/guardian during club:

_____

Emergency Contact:

_____

Relationship to Clubber:

_____

Phone: _____

If parent/guardian is at AWANA/EBFC during club, please indicate which room:

_____

Allergy Alerts: _____

_____

If your clubber has a food allergy & cannot eat provided snacks, please provide snacks each week, so they do not feel left out.

Medical Alerts (Please include activity restrictions and any medication knowledge we should be aware of):

_____

_____

Other information leaders should know:

_____

_____

MEDICAL RELEASE FORM:

I understand that all reasonable safety precautions will be taken by the Ephrata Bible Fellowship Church and its agents during AWANA. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Ephrata Bible Fellowship Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form. I understand that in the event medical intervention is needed, every attempt will be made to contact the emergency contacts listed on this form. In the event I cannot be reached in an emergency, I hereby give my permission to secure medical treatment for my child as deemed necessary.

_____ I have read the above permission form and agree.

Signature: _____

Name: _____

Relationship to clubber: _____

PROMOTIONAL RELEASE FORM:

I, the parent/legal guardian hereby consent to the use of any videos, photographs, slides, audio recordings, or any other visual or audio reproduction in which I or my clubber(s) may appear in promotional materials for EBFC. I understand that these materials are being used for recruitment, fundraising efforts, and slideshows during the programs. I release EBFC from any liability connected with the use of my picture or voice recordings as part of any promotional, recruitment, fundraising, or programs.

Signature: _____

Date: _____