

# Awana/Impact 2025-2026 - Returning Families

## Charleston Baptist Church Sunday Nights 5:00-7:00

Child's Name: \_\_\_\_\_

Child's D.O.B.: \_\_\_\_\_ Child's Grade: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Child's T-shirt size: \_\_\_\_\_

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

Parent/legal guardian name: \_\_\_\_\_

Phone #: \_\_\_\_\_

May we text you at the above number? \_\_\_\_ Yes \_\_\_\_ No

Name of emergency contact other than Parent: \_\_\_\_\_

Emergency contact phone number other than parent: \_\_\_\_\_

Please list any medical information we need to be aware of including any special needs of your child so we can care for your child the best way possible:

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Please list any allergies & reactions: medication, food, bees/wasps, latex, etc.:

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I give volunteers of Charleston Baptist Church permission to give my child the following topical medication as needed. Please mark which of the following we may use if the need arises.

☐ Peroxide

☐ Hydrocortisone

☐ Benadryl Cream

☐ Neosporin

☐ Calamine lotion

**[OVER]**

Please initial the following:

\_\_\_\_\_ I give permission for my child \_\_\_\_\_'s (name of child) picture to be used on church affiliated websites including Facebook, Instagram, church website, and any other social media outlets. (Names of children will never be posted)

\_\_\_\_\_ I do not give permission for my child's picture to be used on church affiliated websites including Facebook, Instagram and church website

In the case of an emergency, we will make every effort possible to reach the child's parent/legal guardian although, in the instance you cannot be reached, by signing below, you give Charleston Baptist Church volunteers permission to seek medical care as deemed necessary by the orders of a licensed physician. By signing below, you also agree not to hold Charleston Baptist Church or Charleston Baptist Church volunteers liable for any illness or medical emergency that may occur while attending any event held or supported by Charleston Baptist Church. Also, by signing below you agree to cover all medical expenses incurred with your child including the cost for an ambulance if the need would occur.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## *Awana/iMPACT Rules*

- 1.) Be respectful to leaders and drivers at all times by listening when being spoken to.*
  - 2.) Stay seated at all times while in any vehicles.*
  - 3.) Use clean language.*
  - 4.) No non-Christian reading material allowed.*
  - 5.) Keep hands to self.*
  - 6.) No PDA (Public Display of Affection) tolerated. \*Parent will be called to pick child up*
  - 7.) No phone/smart watches/electronics etc. usage allowed in vehicles or church building without permission from a leader. If a child is caught having any sort of electronic device out, we will place item in the kitchen until the end of the evening.*
  - 8.) Phones turned off or on silent at all times.*
  - 9.) No headphones, tablets, MP3 players, etc. allowed in vehicles or church.*
- Have fun and enjoy your time at church events.*

### *Discipline Policy:*

*1st offense Adult corrects child twice for not obeying above rules. Parent notified*  
*2nd offense Child meets with Awana/iMPACT Director and leader to go over rules and re-sign the rules. Parent is notified.*  
*3rd offense Awana Director, leader, child and child's parent meet to review rules and if child breaks rules again after this meeting, parent will need to pick child up and child will not be allowed to return for one week.*

*I \_\_\_\_\_ give my child \_\_\_\_\_ permission to ride in the Charleston Baptist Church van or volunteer's personal vehicles for events held away from the church building. Date: \_\_\_\_\_*

*I \_\_\_\_\_ do not give my child \_\_\_\_\_ permission to ride in the Charleston Baptist Church van or volunteers personal vehicles for events held away from the church building so in this instance I understand I will need to provide transportation for my child if I wish for my child to attend an event not held at the church building. Date: \_\_\_\_\_*

**[OVER]**

*By signing below parent and child are aware of the rules and vehicle guidelines while attending any Charleston Baptist church event.*

*Parent's signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Child's signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_