

First Assembly of God

Student Registration

Mail or Email this form to:

Date

First Assembly of God
164 Prospect Ave
Plattsburgh, NY 12901
church@plattsburghag.org

Please Check Event:
Parent's Night Out
Vacation Bible School

Please complete 1 form per child.

Student's Last Name	Student's First Name	M.I.
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Gender	Birth Date	Current Age
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Email Address	Home Phone Number
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Most Recent Grade Completed

Do you currently attend a church?	If yes, please list which church you attend.
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Yes

No

List other siblings attending this event:

Current Residence Information

Parent/Guardian Name(s)		Street Address	
City	State	Zip Code	
Cell Phone Name & Number 1		Cell Phone Name & Number 2	
Street Address		Street Address Line 2	
City	State	Zip Code	

Emergency Contact 1	Relationship to student
Last Name	First Name
Primary Phone Number	Secondary Phone Number

	Relationship to student
Emergency Contact 2	
Last Name	First Name
Primary Phone Number	Secondary Phone Number

Preferred Hospital	Insurance/Health Coverage (Company)
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Please list any of the following: Current medications (including inhalers or EpiPen), medication allergies, food allergies, or chronic health concerns.

Notes

Please inform the office of any other vital information you think we may need to know in the event of an emergency. Thank you.

We will be using a check in system for each child. The Parent/Guardian will be given a pick up slip when they drop off their child. Parent/Guardian will need that slip to pick up their child following the event. We need your permission to have someone sign on your behalf.

I (parent/guardian) give my permission to the following person to sign my son/daughter out during their attendance at the First Assembly of God.
[A copy of their driver's license will be required for identification.]

Print Parent/Guardian Name:

Telephone Number

Parent/Guardian Signature