

Sunday School Student Information

First Assembly of God, Plattsburgh NY

(Church use only)

Complete Child Information

Last Name	First Name	M.I.
Birth Date	Age	Gender
<input type="text"/>		Male Female
Grade	School	

Complete Parent/Guardian Information

Last Name	First Name(s)
Street Address	Street Address Line 2
City	State Zip Code
Home Phone Number	Cell Phone Number
E-mail Address	

Emergency Contact 1

Last Name	First Name
Primary Phone Number	Secondary Phone Number

Emergency Contact 2

Last Name

First Name

Primary Phone Number

Secondary Phone Number

Please list any of the following: Current medications, medication allergies, food allergies, or chronic health concerns.

Notes

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

Parent/Guardian Signature

Date

Printed Name