



# First Assembly of God 2019 Vacation Bible School Registration

Mail or Email this form to:

VBS Coordinator

First Assembly of God

164 Prospect Avenue

Plattsburgh, NY 12901

church@plattsburghag.org

Date

Please complete 1 form per child.

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Student's Last Name

Student's First Name

M.I.

Gender

Birth Date

Current Age

Email Address

Home Phone Number

Most Recent Grade Completed

Do you currently  
attend First  
Assembly of God?

If no, please list which  
church (if any) you  
attend.

Have you  
attended our  
VBS  
previously?

Yes

Yes

No

No

List other siblings attending VBS

## Current Residence Information

Parent/Guardian Name(s) Street Address

City State Zip Code

Cell Phone Number 1 Cell Phone Number 2

Street Address Street Address Line 2

City State Zip Code

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### 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

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Preferred Hospital

Insurance/Health Coverage  
(Company)

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 photo identification for each child and parent/guardian. Parent/Guardian will need to sign their child in and out every day. 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 in and out during attendance at VBS. [A copy of their driver's license will be required for identification.]

Telephone Number

Parent/Guardian Signature