

CHILDREN'S MINISTRIES

Registration/Permission Card

Date _____

Name _____ Nickname _____ Male Female
(last) (first)

Child's Mailing Address _____ Apt/Trailer # _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Parent's Email _____

Emergency Contact: Name _____ Relationship _____ Phone _____
Alternate _____ Relationship _____ Phone _____

Child lives with Dad Mom Other _____ Grade in School _____
Birth Date _____

Permission

I hereby give permission for my child to participate in activities at First Assembly of God. In the event of a medical emergency, and I cannot be reached, I authorize the Church Staff, or any doctor or emergency personnel to treat my child.

Allergies or Medical Conditions:

Parent or Guardian Signature _____ Date _____