

OSKALOOSA'S FIRST ASSEMBLY OF GOD REGISTRATION FORM

For Office Use Only Date _____

PLEASE PRINT:

Gender	Last Name	First Name	Middle Name	Grade 09-10	Birth-Month Day Year

Parent/Guardian Name _____

Children Live with (check one) Mother Father Both Mother & Father Other (please list) _____

Physical Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ Please list your email for communication purposes only.

Person(s) to contact if unable to contact parents/guardians:

Name _____ Phone No. _____

All Parents/Guardians: We invite you to visit the church website at www.oskyag. In the near future, we would like to have pictures of the students on the website and possibly pictures in the local paper of activities going on at First Assembly of God. Please indicate below if we may use your child(ren)s picture.

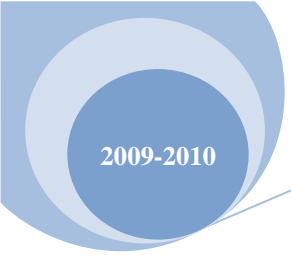
YES, you may publish pictures of my child(ren) in the local paper and on the church's website. No, I prefer that you do not publish pictures or post on the website.

Church attended on Sundays _____ Transportation needed on Wednesdays -- Yes No Transportation needed on Sundays -- Yes No

Signature of Parent/Guardian _____ Date _____

IF THERE IS LEGAL COURT ORDER FOR NO CONTACT ON ANYONE – PLEASE LIST NAME(S) ON THE BACK SIDE.

A COPY OF THE ORDER IS REQUIRED FOR OFFICE RECORDS.



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ANY LEGAL RESTRICTIONS

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

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RECORD RECEIVED _____
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