



Full Gospel Church of Island Park
4101 Austin Blvd. Island Park, NY 11558

Registration

\$75.00 per child per year
\$45.00 for third child in your family

Please Print

Office Use Only
Registration Paid \$
Date:
Payment Plan
T-Shirt Vest/Sash

TGM Teen Girl Ministries
Form must be completed each year
No forms are kept on file

Name (first) (last) Birth Date mm dd yy

Address City

State Zip Home Phone

Cell mother Email

Cell father

School Grade School Attending

Mother & Father Name (or Guardian)

Address (if different from child)

Church Attending City

Table with 4 columns: Siblings, Name, Age, M/F

Allergies

Special Needs or Limitations (physical or educational)

Class child is Registering for

- Rainbows 3yrs to Kindergarten (Girls & Boys) Stars 3rd-5th Grades
Daisies Kindergarten Friends 6th-8th Grades
Prims 1st & 2nd Grade Girls Only 9th-12th Grades

I have received the Parent's Preview and the General Information concerning my child's Girls Ministries Club or Teen Girls Club.
I hereby register my child for Girls Ministries for the school year of /
I REQUEST THAT FULL GOSPEL CHURCH OF ISLAND PARK, NEW YORK ALLOW THE MINOR TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEREOF AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE THE FULL GOSPEL CHURCH OF ISLAND PARK, NEW YORK, ITS OFFICERS AND DIRECTORS, AND ITS EMPLOYEES, AGENTS, AND ANY PARTIES VOLUNTEERING ON BEHALF OF THE FULL GOSPEL CHURCH OF ISLAND PARK, NEW YORK FROM ALL ACTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, COSTS OR EXPENSES OF ANY KIND GROWING OUT OF OR RELATED TO ANY SUCH ACTIVITIES IN WHICH THE MINOR PARTICIPATES. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF ALL INJURIES AND DAMAGES WHICH I OR THE MINOR MAY SUSTAIN AS A RESULT OF HIS OR HER PARTICIPATION IN ANY OF THE ACTIVITIES, REGARDLESS OF THE SPECIFIC CAUSE THEREOF.
Parent Signature Date
Witness