

## CHILD INFORMATION FORM 2017-2018

(This form must be filled out for EACH child in a ministry)

First Name:

Date \_\_\_\_\_

Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Male / Female Grade 3<sup>rd</sup> / 4<sup>th</sup> / 5<sup>th</sup>

Parent(s) Name \_\_\_\_\_

Does your family regularly attend NCBC? Yes No If no, where? \_\_\_\_\_

Last Name

If new information or you do not attend NCBC:

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Address of child if different than above: \_\_\_\_\_

Academy:

Would you consider helping in any of the following areas?

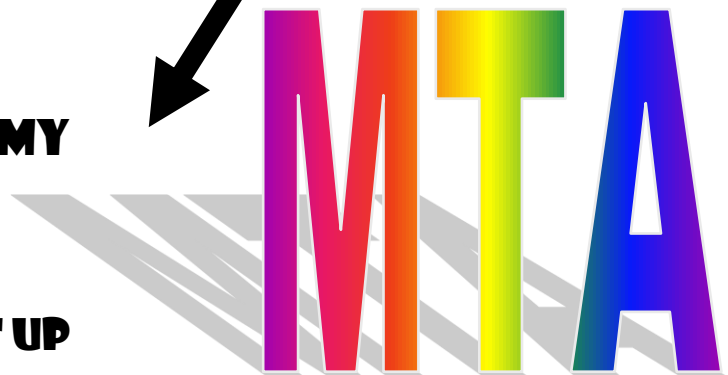
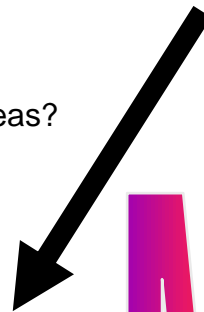
Substitute Helper Snacks

### MINISTRY TRAINING ACADEMY

(Please circle top choice)

**A-TEAM / G-FORCE**

**IN-FOCUS / T-SQUAD / TURN IT UP**



Over please, requires signature

# MEDICAL AND ACTIVITY RELEASE

*(This form must be filled out for EACH child)*

I, \_\_\_\_\_ (print parent's name), hereby give my consent to permit my child, \_\_\_\_\_ (print child's full name) to participate in the *New Covenant Bible Church Wednesday Ministries*. I understand that I will be notified prior to any offsite activities. I further understand that transportation, if necessary, for these activities will be provided by ministry leaders via the *New Covenant Bible Church* bus(es), the leaders' personal cars, or other parents' personal cars.

Additionally, I agree and consent to the ministry leaders securing any emergency medical treatment necessary for my child while participating in the activities. I further assume all responsibility for the decisions made and the emergency care secured for my child.

I am indicating below any pertinent information, (special needs, allergies, etc.) instructions, or restrictions regarding the health of my child:

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Do you have insurance? YES / NO (Please circle)

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Where may you be reached during this time? Location \_\_\_\_\_ Phone \_\_\_\_\_

IN CASE OF EMERGENCY, AND I CANNOT BE REACHED, CONTACT:

(Please contact each person to verify they will accept this responsibility.)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

## **Photo Release:**

"I hereby give permission for the use of pictures or video/audio recording of my child for the purposes of promoting and reporting NCBC events."

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_