

CHILD INFORMATION FORM 2019-2020

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

Date _____

Child's First Name _____ Child's Last Name _____

Birth Date _____ Age _____ Male / Female Grade 3rd / 4th / 5th

Parent(s) Name _____

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

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: _____

Would you consider helping in any of the following areas?

Substitute Helper Snacks

MINISTRY TRAINING ACADEMY

TURN IT UP

Over please, requires signature



First Name:

Last Name

Academy:

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:

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 _____ **CANNOT BE REACHED AT:**
Parent name

_____, **CONTACT MAY BE MADE TO THOSE BELOW:**

(Please contact each person (no parent of child above please) 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 _____