



New Covenant
Bible Church

GO GROUPS

CHILD INFORMATION FORM 2020-2021

(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 3rd / 4th / 5th

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:	_____

Would you consider helping in any of the following areas?

Substitute Helper Snacks

GO GROUPS: (CHOOSE 1)

GO GROUP:

POWER IT UP / SERVE IT UP / TURN IT UP

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

Insurance Company: _____ Policy Number: _____

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 Go Groups 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:

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."

Exit Passport Request:

My child already has an Exit Passport

"I hereby give permission for my child to receive an Exit Passport. A passport entitles the named applicant released from Sunday and Wednesday services. An Exit Passport is not used to release younger siblings from their rooms

Parent's Signature _____ **Date** _____

GO Group Application

Please fill in all the information below



Child's Name: _____

Grade 2020-2021 School year: _____

Years in previous MTA (list / team): _____

Why do you want to be involved in our church? _____

What do you hope to learn this year? _____

GO Group Membership Expectations:

As a participating member of GO Groups, I am committed to:

- Living more and more like Jesus both at home and at school
- Growing more and more with Jesus thru completing weekly devotions
- Attending weekly Go Groups training*
- Serving weekly at Church
- Serving during scheduled special events (FX, Big Church, etc.)*

5th Grade only: Are you interested in applying to be a Jr. Leader? _____

**Except for occasional absences*