



New Covenant Bible Church

GO GROUPS CHILD INFORMATION FORM

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

2023 - 2024

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

Do you have insurance?

Yes No

Insurance Company: _____ Policy Number: _____

GO GROUP:

Over please, requires signature

MEDICAL AND ACTIVITY RELEASE

(This form must be filled out for EACH child)

I, _____, hereby give my consent to permit my child, _____ 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**) and 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 ministry. 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 2023-2024 School year: _____

Years in previous Go Group (list / team): _____

Why do you want to be involved in Go Groups? _____

What do you hope to learn this year? _____

Please rank Go Groups in your order of choice:

1 2 3 4

POWER IT UP

SERVE IT UP

TURN IT UP

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 assigned Go Groups training*

Serving at Church

**Except for occasional absences*