

Indian Creek Baptist Church



Children's Ministries Registration

Age 0 - 5th Grade

Child's Information.

Name. _____ DOB. _____ Grade. _____

Allergies/Special Needs. _____

Parent/Guardian's Information.

Name. _____ Cell Number. _____

Address. _____

Email Address. _____

Please list ALL OTHER Legal Guardians of this child.

Name. _____ Cell Number. _____

Name. _____ Cell Number. _____

Permissions.

I give permission for my child to attend ICBC's weekly meetings and special events and release ICBC and ICBC leaders from any liability in case of illness or injury that result from these activities.

I give ICBC leaders permission to use pictures from ICBC events of my child on social media, ICBC's website, or in print.

If my child is in or above the 3rd Grade I give them permission to check themselves in and out of ICBC Children's Ministries. Please ONLY CHECK IF CHILD IS IN OR ABOVE THE 3RD GRADE.

I give the following person(s) permission to check my child in and out of ICBC Children's Ministries.

Name. _____ Cell Number. _____

Name. _____ Cell Number. _____

Name. _____ Cell Number. _____

By signing you give permission for all the checked boxes above and for those listed to check your child in and out of our program.

Signature of Parent/Guardian

Date