



# INDEPENDENT Baptist Academy

Dear Parents:

Thank you for considering Independent Baptist Academy (IBA). Independent Baptist Academy is a ministry of Independent Baptist Church. We are a Christian school that is designed to meet the needs of families who desire a Christian education for their children. Open enrollment applications for grades K-4 through twelfth grade are accepted from families who are actively involved in our church or another church.

The philosophy of our school is two-fold. First, it is to teach young people “how to live.” The Bible is our standard and textbook in this area; and we seek to build Godly character by teaching our young people to be honest, hard-working, trustworthy, and obedient. Secondly, we seek to teach our young people “how to make a living.” We strive for high academic standards and seek to provide our young people with the basic education they need. Our school also has high standards in the areas of conduct and dress.

Independent Baptist Academy was established in 1973. We use a traditional classroom approach. Christian publishers such as *ABeka Books*, a ministry of Pensacola Christian College, and Bob Jones University Press publish most of the textbook materials used in our school.

Independent Baptist Academy believes in close parent/teacher relationships through written and oral communication. Weekly discipline reports, mid-quarter progress reports, and parent teacher fellowships are some of the methods we use to keep parents constantly informed.

**Note: Students enrolling in K4 must be four years old by August 31<sup>st</sup> and be completely potty trained.**

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# INDEPENDENT Baptist Academy

Please enroll my child for the 2020-2021 school year in the grade indicated below. I understand that in order to have my application considered, I must submit a **non-refundable** registration fee. I also understand that Independent Baptist Academy reserves the right to accept or decline enrollment of my child.

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

### INSTRUCTIONS

1. Please complete one form per child.
2. Attach a separate payment for each form completed.

Student's Name _____	(Last	First	Middle)
Child Resides with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both			
Home Address _____		Grade Next Year _____	
City/State/Zip _____		Date of Birth (    /    /    ) _____	
Home Phone (    ) _____		Birth Place _____	
Father's Name _____		Mother's Name _____	
Home Address _____		Home Address _____	
City/State/Zip _____		City/State/Zip _____	
Home Phone _____		Home Phone _____	
Work Phone _____		Work Phone _____	
Cell Phone _____		Cell Phone _____	
Email Address _____		Email Address _____	

Will your child need the following fee-based options?  Early Stay  Late Stay

Name of church you attend _____	
Attendance is: <input type="checkbox"/> Faithful <input type="checkbox"/> Occasional <input type="checkbox"/> Seldom	
Address _____	
City/State/Zip _____	
Pastor's Name: _____	Church Phone # _____
_____	_____

**Academic History**

Name and Complete Address of Previous School Attended: \_\_\_\_\_

What was last grade completed by the applicant \_\_\_\_\_ Date completed \_\_\_\_\_

Has applicant failed any grade(s)? **Yes / No** If so, which grade(s)?

Has applicant ever been in a special needs school or class? **Yes / No** If so, please explain why.

Please explain any physical, emotional, or academic limitations applicant might have.

Has applicant ever had any discipline problems in school? **Yes / No** If so, please explain why.

Please explain any dismissals or suspensions from previous school.

The school has permission to contact the family physician in case of an emergency:

\_\_\_\_\_  
(Name of Physician)

\_\_\_\_\_  
(Phone)

Name of Insurance Carrier: \_\_\_\_\_

Group/ID #: \_\_\_\_\_

Is your child allergic to bee stings? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is your child allergic to other item? If so, please indicate what? \_\_\_\_\_

Does your child regularly take medication? Please list: \_\_\_\_\_

Does your child have permission to take Tylenol from the school office? Yes  No

Children's  Junior  Adult

## STATEMENT OF FAITH

The basis for Independent Baptist Academy can be found in the Word of God interpreted by the following nine essentials:

1. We believe in the verbal inspiration and authority of the Scriptures. The King James Version of the Bible reveals God, the fall of man, the way of salvation, and God's plan and purpose for the ages. *Note: All students must use a KJV of the Bible.*
2. We believe there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.
3. We believe in the Deity and Virgin Birth of our Lord Jesus Christ, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, and His ascension to the right hand of the Father.
4. We believe in the visible, personal, and pre-millennial return of Jesus Christ.
5. We believe that salvation is "by grace" plus or minus nothing. The conditions to salvation are repentance and faith in Jesus Christ.
6. We believe that man is sinful and thereby separated from God. He is justified by faith alone and accounted righteous before God only through the merit of our Lord and Savior, Jesus Christ.
7. We believe in the resurrection of both the saved and the lost: the saved unto the resurrection of life and the lost unto the resurrection of damnation.
8. We believe in the eternal security of the believer in Christ.
9. We believe in the local church with the ordinances of baptism by immersion and the Lord's Supper.

## MISSION AND PURPOSE OF IBA

Our goal is to assist parents and the church, by providing a quality, Christian education for young people that will encourage them to receive Jesus Christ as their personal Saviour and will motivate them to commit their lives to stand for Him in today's world.

## COMMITMENT OF IBA

*We are committed to families.* We are privileged to serve God's creation, the family, and to assist parents in training their children.

*We are committed to maintaining a safe and secure environment for our children* and to challenge them daily in the Word of God.

*We are committed to churches.* We affirm the mission of a Bible-believing church, and of discipling people for Christ. We support local churches by encouraging loyalty to their ministries and by emphasizing the value of the life spent in the Gospel ministry in all of its facets.

*We are committed to our students.* We are bound by love to watch for their souls, to train our students in truth and righteousness, to protect and prepare them, to show them the way of salvation in Jesus Christ, to convey a Biblically-based and quality education, to demonstrate the Christian life in our words and actions, and to imitate the love of God in our relationships with them.

*We are committed to our faculty.* We are committed to provide an environment that allows them to minister freely and effectively, to encourage and honor excellence in the classroom, and to support their work with prayer and materials that will assist them in their efforts to strengthen their ministries.

*We are committed to our alumni.* Independent Baptist Academy owes a great debt to its past graduates, and we are committed to keeping their Alma Mater one they can claim with pride. To this end we pledge to hold fast the principles and heritage that have made the reputation of this school, while at the same time refuse to remain idle in the pursuit of excellence.

*We are committed to our community.* As long as we are in the world, our name will be associated with honesty and integrity in our performance, concern for and submission to civil authority, and educated citizens who will make positive contributions to society in their role as salt of the earth. We will strive to present a testimony that will not shame the name of our Lord Jesus Christ.

# PARENT STATEMENT OF COOPERATION

Parents of students at Independent Baptist Academy must agree to the following statements:

1. I realize it is the function of the school to assist parents in carrying out their God-given responsibilities in rearing their children.
2. I recognize that the administration has full responsibility for placing my child in the proper grade.
3. I know that the school is the final authority on all matters of dress and grooming, and I agree to help the school enforce its dress code by sending my child(ren) to school dressed and groomed according to the dress code.
4. I give permission for my child to take part in all school activities, including school-sponsored trips away from the school premises. I absolve the school from all liability in the event that my child is injured during any school activity or at school. I am aware that for me to chaperone field trips, I must adhere to the school's dress code.
5. I am aware that my cooperation is expected in regular tuition payments. If I am ever unable to pay on time, I will notify the school office giving a reasonable explanation for the delay, and state when the payment can be made.
6. If I feel I am at odds with IBA's school policies, I promise to go directly to the school office and seek to resolve the matter right away. If I do not agree with the policies in the handbook, specifically the discipline system, I will not try to change the policies, but will withdraw my child quietly and without delay.
7. I realize that the school has full discretion in the discipline of my child while he/she is under the supervision of the school. I understand, and concur with, the discipline steps of the school. I also realize the school will administer no form of corporal discipline.
8. If for any reason my child does not respond favorably to the discipline and academic systems of the academy, I will not try to change the school to fit his/her needs, but will withdraw my child quietly, and without delay.
9. Realizing tardies disrupt the class, embarrass the child, and cause him to get behind in his morning work, I will strive to be on time except in an emergency. Realizing any absence from school hinders my child's academic progress, I will only allow him/her to miss school in times of emergency, illness, or doctor's appointments.
10. I have read the Statement of Faith and I am willing to have my child trained according to it. I commit to pray for the school and its leaders.
11. I know that the administration reserves the right to withdraw any student from Independent Baptist Academy at any time, in the event the actions of the child or parent causes the administration to question the integrity of the student or parent.

Father's Signature \_\_\_\_\_

Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_

Date \_\_\_\_\_

Student's Name: \_\_\_\_\_

Grade \_\_\_\_\_

**INDEPENDENT BAPTIST ACADEMY  
EMERGENCY CARE FORM/AUTHORIZED PICK-UP LIST**

Please fill out the emergency information below and return to the school with your enrollment package. This information is kept on file in the school office and is necessary in the event of an emergency. Names of legal guardians should precede other designated persons respectively. If you do not have a telephone, please give a number where you can be reached in case your child should become ill or have an accident at school.

**NOTE:** A child must bring a note from the doctor and/or a signed note from one of his/her parents to take or use medicine of any kind: prescription and over the counter. While staff and teachers will dispense medications according to prescribed dosages, along with written parental authorization, they cannot be held liable since they are not qualified medical personnel.

\_\_\_\_\_  
(Signature of Parent or Guardian) (Date Signed)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last Name) (First)

Address: \_\_\_\_\_  
\_\_\_\_\_

1. \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(Last name of Father) (First) Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

1. \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(Last name of Mother) (First) Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

People authorized by parent(s) to pick-up child from school or to contact in case of emergency:  
(Please use back if necessary)

1. \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
(First Name/Last Name) Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

2. \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
(First Name/Last Name) Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

3. \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
(First Name/Last Name) Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**People authorized by parent(s) to pick-up child from school or to contact in case of emergency:**

4. \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
(First Name/Last Name) Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

5. \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
(First Name/Last Name) Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

6. \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
(First Name/Last Name) Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

7. \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
(First Name/Last Name) Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

8. \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
(First Name/Last Name) Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

9. \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
(First Name/Last Name) Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

10. \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
(First Name/Last Name) Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_



# INDEPENDENT Baptist Academy

Dear Parents,

**All** students are required by the Maryland Department of Health and Mental Hygiene to have an updated shot record in the school office.

**ALL** students who will be enrolling in school for the 2020-2021 school year must receive two (2) doses of the Varicella (Chicken Pox) Vaccine.

In addition, all students who will be enrolling in **Grade 7** are required to receive a *single dose of the TDaP* (Tetanus, Diphtheria and Pertussis) vaccine and *a single dose of the Meningococcal* (Meningitis) vaccine.

**The enclosed form, or a form provided by your doctor's office, must be used** to get an updated shot record for your student. Please submit an updated shot record to the school office along with all other records that have been requested. A list of all the shot requirements for each age group is attached.

Students have twenty (20) calendar days after the start of the 2020-2021 school year to present medical verification of receiving the required vaccinations. In the event the documentation is not presented, the student will not be allowed in school until the required records have been provided.

Students will not be able to attend school unless updated records are turned into the Academy office.

Your help in this matter is greatly appreciated.

Sincerely,

Andrew Fridenstine  
Principal



# How to Use This Form

The medical provider that gave the vaccinations may record the dates directly on this form (check marks are not acceptable) and certify them by signing the signature section. Combination vaccines should be listed individually, per each component of the vaccine. A different medical provider, local health department official, school official, or child care provider may transcribe onto this form and certify vaccination dates from any other record which has the authentication of a medical provider, health department, school, or child care service.

Only a medical provider, local health department official, school official, or child care provider may sign 'Record of Immunization' section of this form. This form may not be altered, changed, or modified in any way.

Notes:

1. When immunization records have been lost or destroyed, vaccination dates may be reconstructed for all vaccines except varicella, measles, mumps, or rubella.
2. Reconstructed dates for all vaccines must be reviewed and approved by a medical provider or local health department no later than 20 calendar days following the date the student was temporarily admitted or retained.
3. Blood test results are NOT acceptable evidence of immunity against diphtheria, tetanus, or pertussis (DTP/DTaP/Tdap/DT/Td).
4. Blood test verification of immunity is acceptable in lieu of polio, measles, mumps, rubella, hepatitis B, or varicella vaccination dates, but revaccination may be more expedient.
5. History of disease is NOT acceptable in lieu of any of the required immunizations, except varicella.

## Immunization Requirements

The following excerpt from the DHMH Code of Maryland Regulations (COMAR) 10.06.04.03 applies to schools:

"A preschool or school principal or other person in charge of a preschool or school, public or private, may not knowingly admit a student to or retain a student in a:

- (1) Preschool program unless the student's parent or guardian has furnished evidence of age appropriate immunity against Haemophilus influenza, type b, and pneumococcal disease;
- (2) Preschool program or kindergarten through the second grade of school unless the student's parent or guardian has furnished evidence of age-appropriate immunity against pertussis; and
- (3) Preschool program or kindergarten through the 12th grade unless the student's parent or guardian has furnished evidence of age-appropriate immunity against: (a) Tetanus; (b) Diphtheria; (c) Poliomyelitis; (d) Measles (rubeola); (e) Mumps; (f) Rubella; (g) Hepatitis B; and (h) Varicella."

Please refer to the "Minimum Vaccine Requirements for Children Enrolled in Pre-school Programs and in Schools" to determine age-appropriate immunity for preschool through grade 12 enrollees. The minimum vaccine requirements and DHMH COMAR 10.06.04.03 are available at [www.EDCP.org](http://www.EDCP.org) (Immunization).

Age-appropriate immunization requirements for licensed childcare centers and family day care homes are based on the Department of Human Resources COMAR 13A.15.03.02 and COMAR 13A.16.03.04 G & Hand the "Age-Appropriate Immunizations Requirements for Children Enrolled in Child Care Programs" guideline chart are available at [www.EDCP.org](http://www.EDCP.org) (Immunization).

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE IMMUNIZATION CERTIFICATE

CHILD'S NAME

\_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

SEX: MALE  FEMALE  BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

COUNTY \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

OR GUARDIAN ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

RECORD OF IMMUNIZATIONS (See Notes On Other Side)

Vaccines T( )e

Dose#	DTP-DTaP-DT Mo/Day/Yr	Polio Mo/Day/Yr	Hib Mo/Day/Yr	HepB Mo/Day/Yr	PCV Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV Mo/Day/Yr	HPV Mo/Day/Yr	Dose #	HepA Mo/Da/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	History of Varicella Disease Mo/Yr
1									1				
2									2				
3										Td Mo/Day/Yr	Tdap Mo/Day/Yr	FLU Mo/Day/Yr	Other
4										---	---	---	---
5										---	---	---	---

To the best of my knowledge, the vaccines listed above were administered as indicated.

Clinic / Office Name  
Office Address/ Phone Number

- Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Medical provider, local health department official, school official, or child care provider only)
- Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_
- Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Lines 2 and 3 are for certification of vaccines given after the initial signature.

LOST OR DESTROYED RECORDS: (Must be reviewed and approved by a medical provider or the local health department. See notes) I hereby certify that the immunization records of this child have been lost, destroyed or are unobtainable.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian

COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM IMMUNIZATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY IMMUNIZATIONS THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

MEDICAL CONTRAINDICATION:

The above child has a valid medical contraindication to being immunized at this time.

This is a  permanent condition  temporary condition until \_\_\_\_/\_\_\_\_/\_\_\_\_

Check appropriate box, indicate vaccine(s) and reasons: \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Medical Provider /LHD Official

RELIGIOUS OBJECTION:

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any immunizations being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



# INDEPENDENT Baptist Academy

Dear Parents,

We at Independent Baptist Academy are working hard to make our school the best it can be! In doing so, we have flyers made throughout the year for advertising purposes, we post pictures on Facebook of field trips and sporting events, we post pictures on our website (ibaclinton.com) of the students, and other advertising as well.

We are requesting your permission to post your child's picture or use it in documentation for IBA advertising purposes. Please mark the appropriate box, sign and date this permission sheet below. This document needs to be turned into the office as soon as possible.

We need a separate sheet for **each** child. If you have any questions or concerns, please do not hesitate to ask.

Thank you so much,

Andrew Fridenstine  
Principal



- I **am willing** to let my child's picture be used for advertising purposes.
- I **am NOT willing** to let my child's picture be used for advertising purposes.

Childs Name \_\_\_\_\_ Date \_\_\_\_\_

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

*updated October 2019*





# INDEPENDENT Baptist Academy



### REGISTRATION FEE – New Students

This fee includes student school insurance. The registration fee is due with the application and is non-refundable.  
First child: \$125.00      Each additional child: \$ 75.00

### RE-ENROLLMENT FEE – Returning Students

First child: \$75.00      Each additional child: \$50.00

All re-enrollments received after April 6<sup>th</sup> will be assessed an ADDITIONAL fee of \$50.00

### TUITION

Tuition may be paid in full on August 1, or it will be divided into 10 equal monthly payments.

<u>Grades K5 – 12</u>	<u>Number of Children</u>	<u>10 Month Payment Plan</u>	<u>Yearly Payment</u>
	1	\$590.00	\$5,900.00
	2	\$990.00	\$9,900.00
	3	\$1,370.00	\$13,700.00
	4	\$1,690.00	\$16,900.00
	5	\$1,920.00	\$19,200.00
	6	\$2,230.00	\$22,300.00

### PAYMENT POLICIES

- Tuition payments are due on the first of each month for ten consecutive months, **beginning August 1.**
- Any payments not received by the tenth of each month will be assessed a \$60.00 late charge.
- There is also a \$60.00 service charge for any check returned from the bank. Any account having a check returned will be placed on a cash or money order basis for the remainder of the school year.
- If a past due payment has not been received by the tenth of the month, a child will not be allowed to attend school until his account has been brought up to date. No financial adjustment can be made because of absences.
- Report cards and student files will not be released or forwarded for any child withdrawing from school until the balance of the school account has been paid.

**TESTING FEE:** A \$45.00 fee should be paid prior to testing for all new students in grades 1<sup>st</sup> through 12<sup>th</sup>.

### MATERIAL/TECHNOLOGY FEES

A material/technology fee for the entire school year is due by July 1. The fee includes textbook rental, tests, study supplies, digital learning aids and iPad maintenance.

K5 – 6<sup>th</sup>: \$225.00      7<sup>th</sup> – 12<sup>th</sup>: \$275.00

### EARLY STAY/LATE STAY

The Early Stay program runs from 7:00 – 8:00 A.M. each school morning.

The Late Stay program runs from 3:30 – 6:00 P.M. each afternoon. The cost for these services is itemized below.

<u>Type of Service</u>	<u>Estimated Monthly Rate per Child</u>	<u>Daily Rate per Child</u>
Early Stay only	\$110.00	\$6.00
Late Stay only	\$130.00	\$7.00

A late fee of \$10.00 for the first five minutes and \$1.00 per student per minute will be charged for each student not picked up by 6:00 P.M. I.B.A. reserves the right to cancel Early/Late Stay if there is little or no interest.

### KINDERGARTEN

Graduation Fee: \$50.00 will be added to your January bill.

### SENIOR FEES

- ✓ Graduation Fee: \$150.00 due January 1. This fee includes auditorium decorations, the cost of bringing in a speaker, and the cost of diploma covers, and honor cords.
- ✓ Reception Fee: \$250 due April 1. This fee includes the cost of food, paper products, decorations, and clean up. *This fee is subject to change.* The number of graduating students, the cost of food, and the number of people expected to attend all impact the cost of the reception.
- ✓ Cap and Gown: \$50.00 (depends on current pricing at Jostens – due the first Friday of October)
- ✓ Invitations: Not provided by the school, purchased individually – price is determined by style and amount ordered
- ✓ Senior Trip: \$2,500-\$3,000 (*The price of airline tickets, number of students in the senior class, destination, etc. affects the price of the trip*) (Balance not raised in fundraising is due two weeks before leaving for trip. To help pay for the trip and not have a large amount due at the end, monthly dues of \$75.00 should start with the August 1 payment).

### SPORTS

Sports' fees are \$100.00 per sport. (Including sporting events simultaneously scheduled.)

*All fees are subject to change at the discretion of the Academy.*

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