



## CheckPoint Enrollment Form

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Email : \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Email : \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (only landline): \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: Male or Female Age: \_\_\_\_\_ Grade: \_\_\_\_\_ SECURITY ALERT: yes or no

Medical Conditions (circle if applicable): ADHD Autism Diabetes Heart Nut Allergy Other \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: Male or Female Age: \_\_\_\_\_ Grade: \_\_\_\_\_ SECURITY ALERT: yes or no

Medical Conditions (circle if applicable): ADHD Autism Diabetes Heart Nut Allergy Other \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: Male or Female Age: \_\_\_\_\_ Grade: \_\_\_\_\_ SECURITY ALERT: yes or no

Medical Conditions (circle if applicable): ADHD Autism Diabetes Heart Nut Allergy Other \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: Male or Female Age: \_\_\_\_\_ Grade: \_\_\_\_\_ SECURITY ALERT: yes or no

Medical Conditions (circle if applicable): ADHD Autism Diabetes Heart Nut Allergy Other \_\_\_\_\_

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

I want to use my talents to serve in Children's Ministry. Nursery Preschool Elementary