

CheckPoint Enrollment Form

Father's Name:		Cell:
Email:		
Mother's Name:		Cell:
Email:		
Address:		
City:	State:	Zip:
Home Phone (only landline):		
Child's Noma.		DOR.
Child's Name: Gender: Male or Female Age:		
Medical Conditions (circle if applicable): ADHD		
medical Conditions (circle y applicable). ADITO	Autism Diabetes 116	euri iviii Aitergy Omer
Child's Name:		DOB:
Gender: Male or Female Age:	Grade:	SECURITY ALERT: yes or no
Medical Conditions (circle if applicable): ADHD	Autism Diabetes He	eart 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 He	eart Nut Allergy Other
Child's Name:		DOB:
Gender: Male or Female Age:		
Medical Conditions (circle if applicable): ADHD		
Parent's Signature:		Date:
I want to use my talents to serve in Children's I	Ministry. □Nursery	¬ □Preschool □Elementary