



CheckPoint Enrollment Form

Father's Name: _____ Cell: _____

Email : _____

Attending Today? Yes No

Is this your first Sunday at OCC? Yes No

Mother's Name: _____ Cell: _____

Email : _____

Attending Today? Yes No

Is this your first Sunday at OCC? Yes No

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

Guest of (print name): _____ Date: _____ Cell: _____