



## Check-In Enrollment Form

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

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

Attending Today?  Yes  No

Is this your first Sunday at OCC?  Yes  No

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

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

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: \_\_\_\_\_