



Adult Disability Ministry Registration Form

	General Information	
Name	Date	
Address	City/State/ZIP	
Birthdate	Living in: Group Home Private Home/Apartment	
Group Home Name	Phone	
Group Home Contact Person		
NOTE: Caregiver must be present and available to	assist with special needs, unless predetermined by Disability Ministry staff evaluation	
Contact Email (in case of cancellation, updates, etc.)		
mergeny Contact	Relationship	
Day Phone	Evening Phone	
Guardian	Phone	
Participant Information (Check ALL to Visual Impairment	COVID-19 Waiver: I understand that New Hope Church (NHC) has instituted necessary preventative measures to reduce the spread of COVID-19, and I agree that NHC cannot guarantee that I will not become infected with COVID-19. Further, I recognize that attending NHC activities could increase my risk of contracting COVID-19.	
Communication Difficulties Behavioral Concerns Mobility Issues Diabetic Seizures Allergies	ing NHC Ministry events and agree that I will be responsible to pay all related medical costs incurred.	

Mail form to: New Hope Church, Attn: Disability Ministry, 4225 Gettysburg Ave N, New Hope, MN 55428 | 763-536-3217