



2022-23 Adult Disability Ministry Registration Form

Check ALL that apply:

- I'm NEW to NHC Disability Ministry I've previously attended NHC Disability Ministry
- Friendship Class** Sundays, September 11-July 30, 10:30-11:30am
- Christian Glory Club** Tuesdays, September 13-May 23, 7-8pm
 - Fee: \$60** Cash Check (*Payable to NHC / Include participant name in memo*)
 - To request scholarship assistance, complete back side of this 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.*) _____

Emergency Contact _____ Relationship _____

Day Phone _____ Evening Phone _____

Participant Information *(Check ALL that apply and explain)*

- Visual Impairment _____
- Hearing Impairment _____
- Communication Difficulties _____
- Behavioral Concerns _____
- Mobility Issues _____
- Diabetic _____
- Seizures _____
- Allergies _____
- Other (*specify*) _____

Medical Emergency: In the event of a medical emergency, Disability Ministry staff will provide assistance to the participant and/or the participant's caregiver and contact 911, if necessary. Participants agree to hold harmless New Hope Church, its staff, volunteers and sponsoring churches in the event of accidental injury or illness.

Photos: New Hope Church Disability Ministry takes photos throughout the ministry year. These photos may be used in various ministry programs, publications and on the church website. Individuals included in these pictures will not be identified by name unless NHC staff receives verbal approval from the participant or appropriate caregiver or guardian.

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

NHC Disability Ministry Scholarship Assistance Request for 2022-'23 Ministry Year

Name _____ Date _____

Requesting Scholarship Assistance — The amount I can pay is: _____

Reason(s) for requesting assistance: _____
