

**Check ALL that apply:**

- I'm NEW to NHC Disability Ministry     I've previously attended NHC Disability Ministry
- Friendship Class** Sundays, September 15, 2024–July 27, 2025, 10:30–11:45am
- Christian Glory Club** Tuesdays, September 17, 2024–May 20, 2025, 7–8pm
- Fee: \$70**     Cash     Check >> *(Payable to NHC / Include participant name in memo; must be signed)*
- Requesting 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.

Email \_\_\_\_\_

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)* \_\_\_\_\_

**DISCLAIMERS—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 + dues to:** New Hope Church, Attn: Disability Ministry, 4225 Gettysburg Ave N, New Hope, MN 55428

## NHC Disability Ministry Scholarship Assistance Request

Name \_\_\_\_\_ Date \_\_\_\_\_

Requesting Scholarship Assistance — The amount I can pay is: \_\_\_\_\_  
(Please enclose payment with registration form)

Reason(s) for requesting assistance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_