



2025-26 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 14, 2025–July 26, 2026, 10:45–11:45am, Gymnasium
 - Christian Glory Club** Tuesdays, September 16, 2025–May 19, 2026, 6:45–8pm, Family Center
- 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 in more detail below)*

- Visual Impairment Hearing Impairment Allergies Communication Difficulties
- Mobility Issues Diabetic Seizures Behavioral Concerns

Details for checked items above, or other concerns: _____

GUARDIAN / CAREGIVER ACKNOWLEDGEMENT

• **Medical Emergency:** Participants agree to hold harmless New Hope Church, its staff, and volunteers in the event of accidental injury or illness. Caregivers accept full responsibility for the care and safety of the individual they bring to New Hope Church programs. If a medical emergency happens, Disability Ministry staff will assist and contact 911, if necessary.

• **Photos:** NHC Disability Ministry takes photos throughout the year. Photos may be used in ministry programs, publications, and/or on the church website. Contact NHC Disability staff if you want to restrict use of any photos (763-536-3217).

I have read, understand and agree with the above statements.

Print Name _____ Signature _____ Date _____

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: _____
