



CS/CR Kids and Teens Programs (2019-2020)

Enrollment Form 4-18 years old

Today's Date: _____

Legal
Guardian

Allergies

Child's Name: _____ **M / F** _____ **Y / N** _____

Birthday: _____ Age: _____ Grade _____

Behaviors concerning you: _____

Child's Name: _____ **M / F** _____ **Y / N** _____

Birthday: _____ Age: _____ Grade _____

Behaviors concerning you: _____

Child's Name: _____ **M / F** _____ **Y / N** _____

Birthday: _____ Age: _____ Grade _____

Behaviors concerning you: _____

Child's Name: _____ **M / F** _____ **Y / N** _____

Birthday: _____ Age: _____ Grade _____

Behaviors concerning you: _____

Child's Name: _____ **M / F** _____ **Y / N** _____

Birthday: _____ Age: _____ Grade _____

Behaviors concerning you: _____

My child(ren) will attend CS/CR Kids and Teens Programs on these nights.

Monday Night Thursday Night Both Monday and Thursday Nights

Check box if you wish to **NOT** receive parent resource papers emailed to you at the provided email address.

Check box if you wish to **NOT** allow postcards to be mailed to your child from their class leaders.

COMPLETE BACK SIDE OF FORM

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Parent's or Guardian's Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Cell Phone: _____

Alternate Phone: _____

Email: _____

Are you currently married? _____ If yes, please tell your spouse's name and briefly describe the relationship, you and he or/she have with your kids:

If no, please describe your ex-spouse's relationship to your children and you: _____

Is your family experiencing any of these? Please check all that apply:

Divorce Chronic Illness Death Mental Illness Social Skills Addiction Other

If "other", please explain: _____

Are any of the children being enrolled experiencing any of these? Please check all that apply:

Chronic Illness Mental Illness Social Skills Addiction Grief Other

Please explain: _____

Crossings Community Church requires a parent or pre-approved "designated guardian" to attend a support group concurrent with [CS/CR Kids and Teens Programs](#).

Please list the class you will be attending:

Please sign informed consent form for each child you are enrolling. Thank You!

