

RISE Class Registration Form

Northside Christian Church cares for each participant in the Relationships that are Inspiring, Spiritual, and Everlasting (RISE) Class ministry program. These questions are asked for the benefit of the participant. We want to provide the best experience and safest environment for everyone involved. Our church and our RISE Class ministry workers respect your family's right to privacy. Any information shared from this form is communicated directly with those caring for the participant on a "need to know" basis.



Form completed by/relation: _____/_____ Date: _____

Participant Name: _____ DOB: _____

Address: _____ Apt No.: _____

City: _____ State: _____ Zip: _____

Phone#: _____ E-Mail: _____

The participant above has the following diagnosed medical condition (relevant to RISE Class):

The participant's favorite snacks: Diabetic ☐ Yes ☐ No

The participant has the following allergies or are allergic to the following:

What activities does the participant like to do?

Are there any trigger-points for resistance, frustration, or behaviors we should be concerned about?

☐ Yes ☐ No If yes, please describe them: _____

If yes, how can we best provide assistance to the participant? _____

Is the participant prone to seizures? ☐ Yes ☐ No

Does the participant need assistance with anything if so in what way?

What methods of communication/instruction/education work and don't work? _____

May we have permission to photograph this person for group photos and promotions? ☐ Yes ☐ No

In an emergency contact person: _____ Cell Phone #: _____

How did you hear about our RISE Class? _____ **Thank you!**

Version Jan 2017