



crossings
community church

LifeTools for Kids

Enrollment Form

Today's Date: _____

Child's Name: _____

Birthday: _____ Age: _____ Grade _____

Parent's or Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Why do you want to place your child in **LifeTools for Kids**? Please check one:
Divorce Chronic Illness Loss of Parent Loss of Sibling Mental Illness Social Skills Other

Please express other: _____

What, if any, behaviors are you seeing in your child that are of concern to you? (e.g. unexpressed feelings, aggressive behavior, withdrawal): _____

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: _____

Crossings Community Church requires parents or caregivers to attend a Monday night class concurrent with **LifeTools for Kids**. Please list the class you will be attending: _____

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