



crossings
community church

LIFETOOLS FOR TEENS

Please fill out the information below and sign the ***Informed Consent*** form on the next page. Thank you.

Please print:

Date _____
Teen's Name _____ DOB _____
Address _____
City, State, Zip Code _____
Phone _____

Parent's Name _____
Address _____
City, State, Zip Code _____
Email _____
Work _____ Cell _____ Home _____

Parent and Teen, please complete the [*Informed Consent form*](#).

CareSeries offerings are support and informational groups intended to promote encouragement and well being to participants. These offerings do not meet court ordered requirements or certifications. Documentation of participation is not available from Crossings Community Church.

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