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| Personal Information Student or Child |

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age \_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Parents Personal Information |

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leave Blank of address is the same as child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Emergency Contact |

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Medical or Allergies |

* Are there any foods that you are allergic too?
* Are there any medications that you are taking? If yes what \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Are you pregnant or under physicians’ care? Yes \_\_\_\_\_ No \_\_\_\_\_\_
* If yes, physicians’ name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Mental Health |
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* Do you have suicidal thoughts or have had suicidal thoughts? Yes No
* Do you cut yourself or think about cutting yourself? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_ If yes, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Have you ever thought about running away? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Why \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Hobbies |

* What do you like to do in your spare time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Talents & Gifts |

* What do you do best? (sports, cooking, helping, etc.)

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* Services that we offer: Saint Petersburg Global Ministries is an outreach and indoor Christian ministry. We provide Christian teachings, programs, and outreach events to the communities and surrounding areas for women and men of all ages. Our comprehensive outlines the depth of the need of the individual for empowerment and a better way of living. Girls Who Rock with Success is a program that reaches out to adolescent teens or challenged girls that need assistance further than what home or parental guidance can provide for the teen. Our topics may include, but not limited to:
* Cyberbullying
* Teen bullying
* Mentoring
* Teen Hotline contact (any day or night)
* Dress for success techniques
* Christian training and counseling
* Money saving tips
* Parental support in the home
* How to address parental guidance in the home
* Some English modifications
* Home Economics (How to prepare meals)
* Self Esteem awareness
* Self-Empowerment
* Social Media tips and tools
* How to say No
* Anger and aggressive responses
* Healthy choice of foods
* Teen pregnancy
* Suicidal thoughts
* Peer pressure
* Cleaning room and house techniques

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| Dress Attire (Clothing for Programs and events) |

* Clothing that are prohibited from wearing during sessions or any outreach community events:
* Short pants
* Spaghetti strapped shirts
* Holes in jeans
* Haltered top shirts
* Facial earring piercings
* Short dresses or mini skirts

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| Cell Phones Usage |

* Cell phones are not to be used while sessions are in. Cell phones are not to be brought to the programs at all. Cell phones are prohibited until further notice.

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| Respect to Instructor |

* Children will always remain in full respect to the instructor. Rebellion, profanity, and murmuring words are prohibited from the student to the instructor

Please Read Disclaimer: This document will remain in the office of Saint Petersburg Global Ministries and is confidential to that purpose. Parents are responsible for dropping off and picking up child from the designated location. Meals and snacks are free to the children that participate in our programs. We will provide an open-door policy for the child and the parent as well as an open house participation for the parent regularly. A progress report will be sent home also with a sheet of attendance for the child. This will be mailed to the address listed above and to anyone that is on any probation options. This can help provide a good record tracking as to how well that you are trying to improve yourself as a citizen. Depending on the needs of the group; we will meet once a week unless I find that some children may need additional assistance that will cause the group to meet twice a week. Our purpose is to help provide skills for the children in a way to assist them to cope better for a successful path in life. Parents are free to have a copy of this application with their signature attached. Parent(s) can reach out to Mrs. Diane Winbush as the instructor if they have any questions or concerns at the information listed below.

Child is to understand that she will not leave the premises while programs are in sessions. Parents are to make sure that children will not be left alone to walk home at any time if it is dark. Properties that are left on the premises of designated location of meeting is not the responsibility of Saint Petersburg Global Ministries. Saint Petersburg Global Ministries prohibits any loitering, theft, or soliciting while programs are in session. Saint Petersburg Global Ministries may take children out on a local outreach ministry event for giving out items to other community residents that need assistance. Parents will be sent a permission slip to sign whether they desire for them to participate in outreach efforts. Profanity and disrespectful tones are prohibited in any of the programs that we offer. Aggressive anger, fighting, and malice are also prohibited. Phones can be brought in but turned off until program sessions have ended. Child cannot at any circumstances turn on their cell phones to talk or take a call. This is the purpose of learning good behavioral skills. At the end of each session; child may contact parent by phone for pick up. Violations of any stated rules listed above will and can will cause the child to be dropped from the program. We need their full attention and your cooperation as the adult parent to assist us with this. I’m excited to be working with you and your child. By signing this application agreement; you adhere to all the above and following as the child and the parent/guardian. Rules and policies are subject to change.

Instructor & Founder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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