



Marvelous Faith Youth Ministries

2021-2022

## Outing Permission Slip

Dear Parent,

Below is a "blanket" permission slip that we have designed to cover all events in which your child might participate in with 3MB or any of the Marvelous Faith Ministries programs, projects, or collaborating events. Please sign below to give your child permission to participate with us. A monthly agenda will be sent home to make you aware of what events in which your child might be involved. Thank you in advance for allowing us to mentor your child.

Sincerely,

Elder Marvin Smith  
Ministry Founder

I, \_\_\_\_\_, give my child(ren), \_\_\_\_\_ permission to attend the monthly events with Marvelous Faith Ministries. These events may consist of weekly bible study, community service, concerts, or various fieldtrips.

I hereby release and will not hold the staff or volunteers of 3MB, Marvelous Faith Ministries, or any of its affiliates, subsidiaries or collaborating churches and ministries liable or responsible for any accidents or injuries that may occur during this time or any other time with the previously mentioned entities. I understand that all adults will use good judgment and appropriate supervision as it relates to my child and all others. I have discussed with my child the appropriate behaviour for all events. I further understand that if my child is uncooperative, he/she will be sent home and ***I will be required to arrange for his/her transportation.***

I also give the adults of MFM permission to consent to treatment for emergency or life-threatening medical attention or routine care if I can not be reached at \_\_\_\_\_ or my emergency contact, \_\_\_\_\_ (Name) at \_\_\_\_\_ (Phone #). The adults of MFM may also administer basic first aid for my youth. I understand that there will always be someone available who is certified by the American Red Cross.

MFM may treat with Acetaminophen products for pain relief, bismuth products for upset stomach, and Peroxide for cleaning scrapes and cuts for me or my child. \_\_\_\_\_ Yes \_\_\_\_\_ No (Please initial on the appropriate line)

Parent's Signature

Date

Youth's Signature

Date



Date of Birth: \_\_\_\_\_

## **REGISTRATION FORM**

NAME : \_\_\_\_\_ NICKNAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS : \_\_\_\_\_

CITY : \_\_\_\_\_ ZIP CODE : \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE : \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PARENT(S) NAME(S) : \_\_\_\_\_

PARENT(S) WORK NUMBER : \_\_\_\_\_ ALTERNATE NUMBER: \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT : \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

RELATIONSHIP TO YOUTH: \_\_\_\_\_

ALLERGIES OR OTHER MEDICAL CONDITIONS : \_\_\_\_\_

MEDICATIONS TAKEN: \_\_\_\_\_

FAMILY DOCTOR : \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

SCHOOL : \_\_\_\_\_ LAST GRADE COMPLETED: \_\_\_\_\_

HOME CHURCH IF NOT MFM: \_\_\_\_\_

SIBLINGS ATTENDING : \_\_\_\_\_

PERSON WHO WILL DROP OFF: \_\_\_\_\_

PERSON WHO WILL PICK UP : \_\_\_\_\_

THINGS I WOULD LIKE TO DO WITH MFM? \_\_\_\_\_

THINGS I WOULD LIKE FOR MY CHILD TO LEARN FROM MFM? \_\_\_\_\_

By signing below, it is implied that you give MFM permission to use your picture and or quotes in Marvelous Faith Ministries' advertisements including but not limited to flyers, brochures, web pages, and other related medias, social medias, and your youth to participate in this program.

Parent/Guardian's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Referring to:

- ☐ 3MB  
☐ Girl Talk  
☐ 3MB MoMu House  
☐ Kara's House



## Social Service Referral Form

Please complete form below to refer youth to the 3MB/GT Intensive Mentoring Program.

Name of youth (or proposed client): \_\_\_\_\_

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

Address: \_\_\_\_\_

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

(Please list youth's phone numbers as well as parent/guardians and any other contact info. Use reverse side if necessary)

Last School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_

School Attendance: \_\_\_\_\_

Current Academic Performance: \_\_\_\_\_

Parents/Guardians Names: \_\_\_\_\_

Birth number \_\_\_\_ out of \_\_\_\_ (how many children) Siblings? \_\_\_\_ Brothers \_\_\_\_ Sisters

Lives with: \_\_\_\_\_

Precipitating Behaviours: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for referral: \_\_\_\_\_

Please list all other agency involvement (i.e. CCDCFS, Mental Health Agencies, Juvenile Justice, etc.): \_\_\_\_\_

Any pertinent social history: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Please check all that apply (currently or ever)

\_\_\_\_ Truancy \_\_\_\_ Gang Involvement \_\_\_\_ Tobacco Use \_\_\_\_ Alcohol Usage  
\_\_\_\_ Drug Usage: \_\_\_\_ Sexually Active \_\_\_\_ Pregnancy \_\_\_\_ Teen Parent  
\_\_\_\_ Mental Health Diagnosis \_\_\_\_ Developmental Disability \_\_\_\_ Probation  
\_\_\_\_ Curfew Violation \_\_\_\_ Defiance \_\_\_\_ Unruly \_\_\_\_ Aggression \_\_\_\_ Vandalism  
\_\_\_\_ Runaway/AWOL -----Theft/Stealing -----Lying \_\_\_\_ Criminal Involvement  
\_\_\_\_ Medical Diagnoses

Please give dates and brief description of all checked items above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list names, titles, and contact information of all other pertinent professionals involved with this youth: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendations/Needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referred by: \_\_\_\_\_  
Name Date

Agency/Program: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Information: \_\_\_\_\_

**Please fax completed form to 3MB at 216-205-4281. Form may also be emailed to [marvelousfaith@gmail.com](mailto:marvelousfaith@gmail.com).**