

R M I

Demonstrating God's Love Through Compassionate Hearts

Laughing Children's Mentoring Program Application Packet

If more than one child in your family is applying for mentoring,
a separate application is required for each child.

Thank You !

Laughing Children's Mentoring Information

Child's Name _____ Phone _____

Parent/Guardian _____ Phone _____

Parent/Guardian _____ Phone _____

Address _____ City _____ Zip _____

School _____ Phone _____ Grade _____

1st - Emergency Contact _____ Phone _____

2nd - Emergency Contact _____ Phone _____

Parent/Guardian's E-mail Address: _____

Parent/Guardian's E-mail Address: _____

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Laughing Children's Mentoring Questionnaire

Child's Name _____ Age _____ Birth date _____

Referred by _____

Medical Physician(s) _____ Phone _____

❖ **Any Psychological Issues?** No Yes If Yes, **What?** _____

❖ **How old when issues began?** _____

❖ **Experienced any abuse?** No Yes **If Yes, what kind?** Emotional Physical Sexual Neglect
 Verbal Witnessed abuse of relative or others Spiritual

❖ **Does child abuse** Self Others? Animals? _____

❖ **Any surgeries or hospitalizations?** No Yes **If yes, How old?** _____

What for? _____ **How long ago?** _____

❖ **Allergies?** Foods? Outdoor allergens? Indoor allergens? Chemical Sensitivities Other types?

Explain _____

❖ **Trouble at school?** No Yes Explain _____

❖ **Trouble at home?** No Yes Explain _____

❖ **Substance abuse?** No Yes Explain _____

❖ **Trouble with emotions ?** No Yes Explain _____

❖ **Trouble with behavior ?** No Yes Explain _____

❖ **As a parent I see too much of this behavior in my child:**

Anger Sadness Lying Stealing Disobedience Defiance Frustration Isolation
 Procrastination Passivity Laziness Sassiness Instability Rage Aggressiveness
 Dependence Shyness Irritability Volatility Obsessiveness Compulsiveness

❖ **Trouble with the law?** No Yes **What Kind?** _____

❖ **Been through divorce?** No Yes **How old?** _____ **How many?** _____

❖ **Been in foster care?** No Yes **Been Adopted?** No Yes Explain _____

❖ **Any major losses?** Death Moved to new home Rejection by friends Other _____

❖ **Anything Else we should know about?** _____

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PO Box 992 • Wallace, Idaho • 83873

208.777.1818

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Laughing Children's Mentoring Program

I, _____, am the parent / legal guardian of the following child: _____ and understand that Laughing Children's Mentoring Program involves spending consistent time with my child, each week, utilizing friendship, Bible Truths, EFT and other strategies. I understand the goal of RMI is to demonstrate to my child that God loves them and our family.

I understand that support for this ministry is provided through compassionate hearts, moved by God, to meet the needs of people He loves. Donations are always gratefully appreciated but not required in order to be enrolled in the Laughing Children's Mentoring Program.

By signing below, I give consent for my child to participate in the mentoring program.

Child Care Authorization

The undersigned parent/legal guardian(s) _____ hereby grant(s) RMI, Chad Stevens, P.O. Box 992, Wallace, ID 83873, the authority to take temporary care of the following child:

This grant of temporary authority shall begin on _____, and shall remain effective until terminated by the undersigned.

The above named caretaker(s) shall have the following power:

- In the event of an **Emergency**, the power to authorize medical treatment or medical procedures.
- In the event of an **Emergency**, the power to make appropriate decisions regarding clothing, bodily nourishment, and shelter.
- The power to transport child to and from mentoring activities, Church, School and other locations.

Dated: _____

X _____ X _____