

ROP

rites of passage

*Nurturing boys into godly men
by developing the qualities they need for successful manhood*



YOUTH AND PARENT/GUARDIAN APPLICATION

It is preferred to have completed applications scanned and returned by email to ritesofpassage@faithfamily.org. Applications may also be faxed to 562-924-0991. Parent's must bring the original application to the intake interview or bring the original application to the ministry on the first program day (Feb 6, '09), whichever occurs first. If you have any questions or concerns, please feel free to contact Lurecca Jefferson at 562-755-2195.

PLEASE PRINT ALL INFORMATION

Initiate's First Name _____ Middle Name _____ Last Name _____

Age _____ Date of Birth _____ Name of the school you attend _____ Grade Level _____

Names and ages of your brothers: _____

Names and ages of your sisters: _____

(What letter grades do you receive?) _____ (What is your favorite subject?) _____

(What are your hobbies?) _____ (What do you want to be when you grow up?) _____

(Name of your male role model) _____ (How much time do you spend with him?) _____

Describe what makes you happy: _____

Describe what makes you angry: _____

Describe what makes you sad: _____

Have you accepted Christ as your Lord and Savior? Yes No

Why do you want to be in the Rites of Passage? _____

PARENT/GUARDIAN INFORMATION

Initiate _____ Parent _____

 PLEASE PRINT ALL INFORMATION

PLEASE CHECK ONE: Parent Guardian

First Name _____ Middle Name _____ Last Name _____

Street Address _____ City/ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____ Fax No _____

Primary Email Address _____ Alternate Email Address _____

Emergency Contact: Name _____ Phone No. _____ Relationship _____

Married Single Divorced _____
Birth Date (Month/Day) _____ Number of Children _____

Are you a FCBC Member _____ If Yes, How Long _____ If Not a FCBC Member What Church Do You Attend / How Long _____

Does father play an active role in son's life? _____

Why do you want your son involved with the ROP Program?

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PARENT / GUARDIAN CONFIDENTIALITY STATEMENT

The information you provide in this section will be held in the strictest of confidence.

To better serve and minister to your initiate, please answer the following questions as thoroughly as possible.

Parent/Guardian _____ Initiate _____

1. Has your child been subject to, or involved with the following:

- | | |
|---|--|
| a. Anger, fits of rage? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| b. Emotional outburst? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| c. Aggressive or violent behavior? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| d. Destructive behavior? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| e. Drugs or alcohol use? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| f. Gang related activity? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| g. Self injury? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| h. Psychotic episodes? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| i. Matters related to juvenile court system or the police department? | No <input type="checkbox"/> Yes <input type="checkbox"/> |

If you answered yes, to any of the above questions, please provide a detailed explanation.

2. Has your son been suspended or expelled from school in the past 2 years? No Yes

If your answer is yes, please provide a detailed explanation.

3. Please place a check mark below to identify the description which best describes your son.

- a. Mild mannered
- b. Compliant
- c. Strong willed
- d. Angry
- e. Depressed
- f. Aggressive
- g. Lacks confidence
- h. Anti-Social (common disregard for social rules, norms, and cultural codes, as well as impulsive behavior, and indifference to the rights and feelings of others)

