



C.H.I.L.D. CHAMPIONS

Thank You for Choosing C.H.I.L.D. CHAMPIONS INC.!

We're excited to welcome your child to our Youth Development and Mentor Program. Thank you for expressing your interest in registering them.

Next Steps:

1. **Complete the Registration Form:** Please download and fill out the registration form
2. **Submit Completed Form:** Once filled out, please return the completed form to us. You can:
 - Email it to: childchampionsinc@gmail.com
3. **Contact Us:** If you have any questions or need assistance, feel free to reach out to us at:
 - Email: childchampionsinc@gmail.com
 - Phone: (405) 862-3768

We appreciate your commitment to your child's development and look forward to the positive impact our program will have on their journey.

Thank you again for choosing C.H.I.L.D. CHAMPIONS INC.!

Best regards,

Latasha Mc Guire, Founder

C.H.I.L.D. CHAMPIONS INC.



2024 Registration Form

Youth's Name: _____ Male ___ Female ___

Address: _____ City: _____ State: _____ Zip: _____

Age: _____ D.O.B. _____ Grade _____ School _____ Race _____

Youth's Cell Phone: _____

Parent/Guardian Name: _____ Telephone # _____

Parent's email address: _____

Religion _____ Name of Church _____

Does the child have any physical, mental and/or emotional health problems? Yes or No. If yes, please describe:

Does the child take any medications? Yes or No If yes, please list:

Does the child wear glasses or contacts? Yes or No

Does the child have any health concerns or issues or known allergies? If yes, please explain on next sheet.

Emergency Contact 1:

Name	Relationship	Phone

Emergency Contact 2:

Name	Relationship	Phone

CERTIFICATION

I certify that the information provided is complete and accurate to the best of my knowledge.

Parent/Guardian Signature _____ DATE _____

***** All information on this document will be kept confidential *****

*****C.H.I.L.D. CHAMPIONS INC. youth development and mentor program can and will, at any time terminate participation of any participant for the sake of one's own and other's safety and/or well-being.**



Youth Assessment Form

Name of Youth: _____

Demographics:

1. How many people live in your home? _____
2. Family Structure:
 - Parents (or guardians) at home? _____
 - Other family members involved (e.g., great-grandmother)? _____
3. Number of Siblings: _____
 - Brothers: _____
 - Sisters: _____

Learning & Behavior:

1. How does your child engage with school?
 - Doing well, challenges, or other details:

2. Any specific challenges your child faces in school?
 - Behavioral, schoolwork, or other:

Personality:

1. Social Dynamics:
 - Social or shy? _____
 - Ease of making friends: _____
 - Energy Level: High, Moderate, Relaxed _____
2. Communication Style:
 - Talkative, moderate, or reserved? _____
 - Preferred group size: Large or small? _____
 - Patience level: Patient or easily frustrated? _____



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Gifts, Skills, and Hobbies:

1. Interests:

- Enjoy reading? _____
- Athletic interests: _____
- Artistic inclinations: _____
- Interest in building/creating: _____
- Passion for performing arts: _____

Parents' Values & Concerns:

1. Proudest Moments:

- What achievements make you proud of your child?

2. Concerns:

- What are your current concerns for your child?

3. Mentoring Goals:

- What do you hope your child gains from this mentoring relationship?

4. Preference:

- Preferred mentor gender (female, male, or no preference): _____

Additional Notes:

Parent/Guardian Signature: _____ Date: _____



Parental Permissions Form

I, _____ hereby grant permission for my child _____ to participate in the faith- based C.H.I.L.D. Champions Inc. youth development and mentor program. I understand and acknowledge that this program is voluntary and there is no requirement that my child participates in this class. I understand that the individuals who serve as mentors in this program are willing, able, and experienced volunteers and must undergo training.

MEDIA RELEASE

I, _____ grant C.H.I.L.D. CHAMPIONS permission to photograph/video record my child, _____ as well as use any photographs/video footage/voice recordings of my child taken during their activities at C.H.I.L.D. Champions Inc to be posted on C.H.I.L.D. CHAMPIONS website, social media sites, brochures, flyers or any other publication. I understand that I have the right to request, in writing, to have a photo removed from the website or social media sites within 30 working days. I understand that all rights, title and interest in the photography or videography obtained belongs to the C.H.I.L.D. Champions Inc and that I will receive no financial compensation for the use of these photos and/or video. C.H.I.L.D. Champions Inc may edit, copy, alter or revise the photos/video as they see fit. C.H.I.L.D. Champions Inc will retain control over the use and distribution of the photographs/video.

Parent or Guardian signature: _____ *Date* _____

MEDICAL RELEASE

In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the organization's leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter, as deemed necessary.

LIABILITY RELEASE

Every activity sponsored by this organization is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parents or guardian agree to assume and accept all risks and hazards inherent in this organization's related activities. They also agree not to hold C.H.I.L.D. Champions Inc or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

Parent of Guardian Signature: _____ *Date* _____