

Parental Registration Form

Your name:					
Your child's name:					
Address:	Da waw t	a40			
Phone number: Email:	Do you t	ext?			
Date:					
24.0.					
 How did you 	How did you hear about The Son and Reins Ranch?				
2. What is it that	What is it that caught your attention?				
3. What do you	What do you hope your child will get out of their involvement?				
4. How would y	How would you describe your child?				
5. What would	What would you say is their greatest strength?		Biggest challenge?		
6. When are th	ey the happiest?	Saddest?	Most afraid?		
7. Is there any	7. Is there any issue or trauma that has impacted your child's life? If yes, please share, knowing it will remain confidential				
but will allow	but will allow us to best understand and support your child.				
8. What things	What things will you be looking for in order to see if your child is growing, healing, learning and thriving through their				
involvement	involvement in this ministry?				
9. What untapp	What untapped potential do you see in your child?				
10. What is your	D. What is your greatest challenge or struggle as a parent?				
11. If you had tir	11. If you had time, what would you do for enjoyment?				
12. What would you like your time out here to look like while your child is in session? Check all that apply:					
□ Rea	d a book.				
☐ Spend time talking with other parents.					
☐ Take a nap.					
□ Rece	eive prayer.				
☐ Help in the youth sessions.					
☐ Othe	er:				
Signature: Date:					

The Son and Reins Ranch is an affiliate ministry of Youth for Christ that works with rescued horses and youth who are hurting for any reason (loneliness, broken family, depression, divorce, abuse of any kind, bullying, low self-esteem, fear, anger, insecurity, suffering the effects of a loved one with a chronic condition, etc.) and/ or who are wanting to grow in self-awareness, develop their leadership and communication skills and build their confidence.