

HEALING THE HEART PRAYER MINISTRY

CHILDREN PRE-MINISTRY FORM

IMPORTANT INFORMATION:

You were created to be whole and free! This premise is foundational to the prayer ministry offered at Healing the Heart Life Center Ministries. Today you can choose life and begin your journey to real freedom in Christ. It is for freedom that Christ has set you free! (Galatians 5:1)

Healing the Heart Life Center is dedicated to bringing wholeness to the lives of individuals. Our trained and experienced team has a heartfelt desire to see people step into genuine freedom in Christ. By facilitating the process of sanctification through personal prayer ministry and teaching, we have witnessed remarkable transformations through the power of the Holy Spirit. We extend to you this same hope for change, a hope that does not disappoint because the love of God has been poured out in our hearts. (Romans 5:5)

IF YOU ARE INTERESTED IN RECEIVING PRAYER MINISTRY, please complete the attached forms and return them to Life Center Ministries. Upon receipt of these forms, a prayer minister will contact you to schedule your initial appointment.

A RECOMMENDED DONATION of \$65.00 per hour for individual sessions or \$130.00 per hour for team sessions is recommended. However, individual arrangements can be discussed with the minister prior to your appointment and as they arise. Donations for services rendered are not tax-deductible. Please note that we do not accept insurance, and we do reserve the right to refuse service if we perceive abuse of service or grace extended. We strongly believe that as you take financial responsibility for your healing, God will release blessing and honor into your life.

CANCELLATION POLICY: A 48-hour notice is requested for any necessary appointment changes or cancellations. With cancellations less than a 48-hour notice, we request that a donation be made to the assigned prayer minister.

WHAT WE DO: Our goal as prayer ministers is to facilitate the healing process by the examination of fruit in your life. Through the ministry of the Holy Spirit, destructive patterns in our lives can be traced back to ungodly roots (i.e., judgments, inner vows, unforgiveness, resentments, and lies adopted into our belief systems earlier in life), traumas, and experiences. During the prayer sessions, the love of Jesus, the Cross, and the Resurrection of our Lord Jesus Christ are all applied to the deep wounds and practices of the heart. Healing and wholeness result as we allow God's faithfulness to complete the work He has already begun in you. (Philippians 1:6)

Children Pre-Ministry Form

The purpose of this questionnaire is to help us get a picture of your child's background, as well as areas of trouble. Completing these questions the best you can will help us to prepare to meet with your child.

All information that you share is safe with us; prayer ministers may confidentially consult with the director or other team members if needed or in the case of your child's or someone else's safety. However, all personal information gathered in a ministry session is strictly confidential, and *no files are maintained*.

Please mail attached forms directly to:

Healing the Heart Prayer Ministry Life Center Ministries
411 South 40th Street Harrisburg, PA 17111

GENERAL INFORMATION

Child's full name _____ Child's birthday _____

Address _____

City _____ State _____ Zip _____

Phone number _____ Email Address _____

Please describe the chief concern: _____

PARENTAL INFORMATION

Father's full name: _____

Father's occupation: _____

His history of (put a check beside all that apply):

- Severe childhood trauma
 Physical, sexual, or mental abuse
 Substance abuse
 Abortion
 Involvement in the occult
 Sexual involvement outside of marriage
 None of the above

Mother's full name: _____

Mother's occupation: _____

Her history of (put a check beside all that apply):

- Severe childhood trauma
- Physical, sexual, or mental abuse
- Substance abuse
- Abortion
- Involvement in the occult
- Sexual involvement outside of marriage
- None of the above

Please give brief information about any previous marriages or serious relationships held by the child's mother/father: _____

What is the marital status of the child's parents?

- Married
- Separated
- Divorced
- Never married
- Other

Describe your child (active/inactive; quiet/outgoing, happy/unhappy, adventurous/cautious, kind/unkind, angry/content, peaceful/anxious, patient/impatient, aggressive/passive, flexible/inflexible). _____

Was your child adopted? _____

Please list your child's siblings in line of succession. Include their name, age, and whether they are biological or blended. _____

Describe how each sibling interacts with your child. _____

Describe your pregnancy: _____

Are you aware of any significant events during the pregnancy that affected you positively or negatively?

(Deaths, accidents, hospitalizations, moves, etc.) _____

Was your child planned? _____

Did you particularly want a boy or a girl? _____

Describe the birth experience and bonding: _____

Was your child (please circle one):

Full-term Premature Late

Please list your child’s developmental milestones by month and any significant observations about your child. Please indicate how many months they were when they first sat alone, crawled, walked, spoke their first words. _____

Please share any significant events in the life of your family or marital relationship that occurred during your child’s preschool years. (Deaths, moves, injuries, hospitalizations, etc.) _____

SCHOOL INFORMATION

Does your child attend school? _____

How did your child adjust to school? Did they make friends easily? How do they relate to their teacher(s)?

Were there any learning disabilities? If yes, please explain: _____

Please share any significant events in the life of your family or marital relationship that occurred during your child's school years. (Deaths, moves, injuries, hospitalizations, etc.) _____

DESCRIBE THE FOLLOWING

Play: _____

Bath times: _____

Bedtimes: _____

Describe the child's father. How does he relate to the child? _____

Describe the child's mother. How does she relate to the child? _____

What are the child's strengths? _____

What are the child's weaknesses? _____

List the target problem behaviors you have noticed in your child. _____

Please list any insight you have as to why the child is doing this. Include what triggers the child's behavior.

Can you see any needs that are being met by inappropriate behavior(s)? _____

What comforts your child? _____

Is there anything in the child's life contributing to the problem behavior(s)? _____

What interventions have already been tried? Does anything seem to make the behavior better or worse?

What other agencies, counselors, or individuals have been involved in working with your child's inappropriate behavior(s)? _____

Please share your times of availability (circle at least one):

Monday	AM	PM
Tuesday	AM	PM
Wednesday	AM	PM
Thursday	AM	PM
Friday	AM	PM

Appointment format (circle at least one):

In person

Phone call

Virtual (i.e., Zoom, Facetime, etc.)

Special requests, if any:

PARENTAL RELEASE AND CONSENT FORM

The purpose of this ministry is for spiritual growth and healing. It is not a psychological counseling service, nor is it intended to be. I understand that the team members are not licensed psychologists, counselors, or psychiatrists, but are trained in using the Word of God and prayer through the power of the Holy Spirit. I further understand that according to 1 Corinthians 6:1-8, we as Christians should refrain from suing one another, and that all healing prayer ministry is being undertaken with the understanding that we will abide by that scriptural premise.

As the parent(s)/legal guardian(s), I/we give my/our permission for a prayer minister to see our son/daughter for prayer ministry, with and/or without me being present in the same session. I understand and agree that prayer ministers are holders of confidential privilege, which is the right to **withhold** disclosure of private ministry information about my child. However, in the interest of developing a trusting relationship between the prayer minister and my/our children, I/we give prayer ministers permission to reveal or withhold information that in their judgment is necessary to best help and protect my/our child(ren). The only exception to this discretion would be in the case of revelations by the child of any planned or recently attempted suicide, threats of harm to others, child abuse of any kind, severe emotional dysfunction, or criminal behavior.

All personal information gathered in the course of a ministry session with my child(ren) is confidential, and **no files are maintained**. Prayer ministers may consult confidentially with the director or other team members if needed. I/ we understand that information will be shared with me/us, the child(ren)'s parent(s)/legal guardian(s), when/if the prayer minister deems appropriate. I/we do hereby give permission for the prayer minister to consult with other members of the ministry as needed (names are withheld). Prayer minister training is a part of our commitment to the task of restoration and transformation of individuals and families. As your child(ren) participate(s) in the prayer ministry session they may have the opportunity to work not only with their prayer minister but also with a qualified intern who has been assigned. Please be assured that the prayer ministers and interns always adhere to a strict policy of confidentiality.

TO COMPLY WITH LEGAL REGULATIONS, ANY PLANNED OR RECENTLY ATTEMPTED SUICIDE, THREATS TO HARM SELF OR OTHERS, REPORTS OF CHILD ABUSE OR CRIMINAL BEHAVIORS WILL BE REPORTED TO THE PROPER AUTHORITIES.

SECURITY CAMERA POLICY: Life Center Ministries International and Healing the Heart value the privacy, confidentiality, and security of both the ministry team members and their clients. The use of surveillance cameras is currently being employed in all ministry rooms and hallways. There is no audio recording. The camera is for surveillance only and does not have audio recording capability. There is no real-time monitoring of the video stream. The video footage is recorded. Recorded footage will be viewed only in the event of an investigation involving security.

A RECOMMENDED DONATION of \$65.00 per hour for individual sessions or \$130.00 per hour for team sessions is recommended. However, individual arrangements can be discussed with the minister as they arise. Donations for services rendered are not tax-deductible. Please note that we do not accept insurance, and we do reserve the right to refuse service if we perceive abuse of service or grace extended. We strongly believe that as you take financial responsibility for your healing, God will release blessing and honor into your life.

CANCELLATION POLICY: A 48-hour notice is requested for any necessary appointment changes or cancellations. With cancellations less than a 48-hour notice, we request that a donation be made to the assigned prayer minister.

By signing below, you are stating that you agree with and understand the above information concerning this ministry. You state that you have sought this ministry of your own free will and that all information you reveal is given voluntarily to facilitate the team members working with you. You further release Life Center Ministries International and Healing the Heart from any liabilities and retributions that may result from these sessions.

By signing below, you are stating that you agree with and understand all the information stated above.

Child's Full Name _____ Date _____

1st Parent/Legal Guardian's Signature _____

2nd Parent/Legal Guardian's Signature _____

Phone number () _____ Email _____

Address _____

City _____ State _____ Zip _____