



FatherFull Program Registration & Referral Form

Presented by Tommie Johnson

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CHILD INFORMATION

- Full Name of Child: _____
- Date of Birth: _____
- Age: _____
- School Name: _____
- Grade Level: _____
- Does the child currently attend school? ☐ Yes ☐ No
- If not, explain reason: _____
- Belief in God: ☐ Yes ☐ No ☐ Unsure
- Baptized: ☐ Yes ☐ No
- Religious Affiliation/Church (if any): _____



GETTING TO KNOW YOUR CHILD

- What does your child enjoy? (likes/interests):
- What are some dislikes/fears/challenges they express?
- What are their unique gifts or talents?
- How does your child best express themselves? (e.g., art, words, music, movement)
- How would you describe their personality?



FATHERHOOD CONNECTION

- Is the child's biological father active in their life? ☐ Yes ☐ No ☐ Sometimes
- If no or limited, who is their primary male figure (if any)?
- How does the child feel about their relationship with their father (or father figure)?
- Would the child benefit from mentorship by a caring male role model? ☐ Yes ☐ No



HEALTH, DIAGNOSES & SPECIAL NEEDS

- Does your child have any diagnosed learning, behavioral, or developmental conditions?
☐ Yes ☐ No – If yes, please explain:
- Any known medical conditions or allergies?
- Is your child currently receiving therapy, counseling, or special services?
☐ Yes ☐ No – If yes, what type?



PARENT/GUARDIAN CONTACT

- Full Name of Parent/Guardian: _____
- Relationship to Child: _____
- Phone Number: _____
- Email Address: _____
- Mailing Address: _____



CHURCH OR COMMUNITY REFERRAL *(If applicable)*

- Church/Organization Name: _____
- Pastor/Contact Person: _____
- Phone/Email: _____
- How did you hear about FatherFull?
☐ Church ☐ Website ☐ Friend ☐ Event ☐ Other: _____



ADDITIONAL COMMENTS OR CONCERNS

Please share anything else you feel we should know to best support your child:



SIGNATURE & CONSENT

I understand that the FatherFull Program includes Christian teaching, practical life

skill instruction, and social-emotional learning components. I consent to my child's participation and grant permission for program staff and volunteers to mentor, teach, and guide them in alignment with biblical values.

Parent/Guardian Signature: _____

Date: _____