

SOZO CHILDREN'S MINISTRY APPLICATION

Please Print:

Date of Application _____

Child's Name: _____ Age _____ Saved Y / N

Boy _____ Girl _____ How many siblings? brothers _____ sisters _____

Is child in counseling? Y / N If yes, has counselor agreed to Sozo? Y / N

Is the child regularly attending church Y / N Sunday school Y / N youth group (teens) Y / N

Parent/Guardian's Name: _____ e-mail _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Message Phone: _____

Brief History: (Home life, Family, Friends) _____

Explain Issues _____

Are the parents saved? Y / N Sozoed? Y / N If not, are they willing to be Sozoed? Y / N

Comments _____

Proverbs 22:6 Train up a child in the way he should go, and when he is old he will not depart from it.

Are the parents / guardians willing to make any necessary changes in their lifestyles to help the child walk out their freedom? Y / N

For the value of the time spent ministering to you, there is a suggested donation of \$50.00. You may send the donation when you return this application and the signed Liability Release form to Summit Church, Attention: Transformation Center/Sozo Ministry, 207 Security Court, Wylie, Texas 75098. We will contact you to schedule your appointment within 2 weeks of receiving your application. Thank you.

OFFICE USE ONLY:

Cash _____ Credit _____ Check _____ Check # _____ Split _____

Appointment Date/Time _____ / _____ Facilitator _____

LIABILITY RELEASE CHILDREN'S SOZO

**Summit Church
207 Security Court
Wylie, Texas 75098**

I (parent/guardian name) _____ acknowledge that team members from Sozo Ministries of Summit Church have voluntarily agreed to pray for my child. I understand that this session is not a professional counseling meeting and that none of the team members are licensed counselors. I understand that these team members are, to the best of their ability, doing what they can to help my child achieve more freedom in his/her life.

I understand that Summit Church is a nonprofit corporation that makes no charge for its services. I further state that I have voluntarily sought assistance of my own initiative and that I am under no obligation to accept or reject any of the advice or help that I might receive from the team members of this ministry.

Our team members offer biblical spiritual services to anyone who desires them regardless of ability to pay. Although there is no charge for our services, all efforts to build this ministry, support and train our team members are paid directly from the donations of those receiving these service. We therefore have a suggested donation of \$50.00 or more per visit. Your contributions to this ministry are greatly appreciated because they support our further development. Please make donations payable to Summit Church. If you would like a tax deductible receipt, we will provide you with one in the mail upon request. Thank you!

I understand that if I receive ministry from Sozo Ministries of Summit Church, the team is committed to respect the disclosed information, but not to complete confidentiality. The information, as needed, may be shared with other leaders of Sozo Ministries of Summit Church so as to further your total healing process. This may include future meetings with spiritual mentors in the church to set appropriate boundaries for your child's personal and spiritual growth.

I also understand that Summit Sozo Ministry is a mandatory reporting agency and that any allegations of physical or sexual abuse of a child will be reported to the appropriate authorities.

I agree to hold Summit Church and its team members free from any and all liability, loss or damage of any kind that may arise as a result of assistance which I have received or from my involvement with Summit Church.

I have read this disclaimer and release of liability and understand and agree with it and have executed it as my free and voluntary act.

Signature

Date