



A Healing-Discipleship Program

REGISTRATION FORM

PERSONAL INFORMATION

Name: _____
 Address: _____
 City: _____ Code: _____ Gender: M F Age: _____
 Phone: () _____ Email: _____
 Marital Status: Single Married Common Law Separated Divorced Widowed

ADDITIONAL INFORMATION

1. Have you attended Freedom Session before? No ___ Yes ___ When? _____
2. Where _____ Step completed? _____
3. How did you hear about us? _____
4. Do you attend this church? No ___ Yes ___ How long? _____
5. Do you attend another church? If so, which one? _____
6. Are you currently under the care of a counselor, psychologist, or psychiatrist? _____
7. If yes, are they supportive of your participation in Freedom Session? _____
8. Are you taking any medication prescribed by a doctor, psychologist or psychiatrist? If yes, please explain: _____

PAYMENTS

NO REGISTRATION FEE

BOOKS 1 – 3 \$25.00 each

CONSENT/REGISTRATION FORM

I (print your name) _____ hereby give consent to the organization/church, to which I am handing in this form, to use the following personal information for my pastoral care, participation in church related activities and emergency care. I understand that my personal information will only be given to pastoral and/or church staff, program leaders, event coordinators and emergency personnel on a need to know basis. My personal information will be securely stored in an appropriate place, and will not be passed on to any third parties without my/our prior consent. By signing and dating this Consent form I indicate that I have read, understand and approve the above and that this information will be stored for a minimum of one (1) year.

Signature _____ Date _____

Welcome to Freedom Session! Thank you for taking the time to fill out this registration form. We look forward to serving you and growing together this year.

OVER

Please check the boxes that apply to you. Your honest answers will help us place you in the small group that will be the most helpful to you.

- Do you feel like you are different than “normal”?
- Have you been told that your expectations are unrealistic?
- Do you have a strong need for control in your life?
- Do you find yourself believing you are unworthy?
- Are you a “people pleaser”?
- Does the fear of failure paralyze you into doing nothing?
- Do you lie to cover up for someone else’s mistake or drug/alcohol use?
- Do you protect others from the natural consequences of their behaviors and/or actions?
- Have you had an abortion?
- Is there one particular event in your life for which you feel intense guilt/shame that you cannot seem to shake and believe that you could never be forgiven for?
- Are you afraid to upset other people for fear that they will somehow hurt, reject or maybe leave you?
- Do you feel like you are personally responsible for other people’s lives, decisions or drug/alcohol use?
- Do you make promises or threats that you don’t carry out? (i.e. “If you ever do that again, I’m leaving.”)
- Do you/have you experienced feelings of fear/hatred towards the opposite sex?
- Do you have trouble believing/receiving God as a loving Father?
- Have you ever been abused physically _____ or sexually _____ by a male _____ or female _____? Check all that apply.
- Do you have gaps in memories from your childhood?
- Do you find yourself avoiding relationships or struggling with intimacy?
- If married...Do you avoid intimacy? Physically _____ emotionally _____ sexually _____
- Do you spend excessive amounts of time on social media...Facebook, Twitter and/or playing video games?
- Do you smoke?
- Do you drink (socially or other)? If so, how often? _____
- Have you ever struggled with chemical dependency? If so, how much sobriety do you have? _____
- Do you find yourself using drugs (prescription and/or illegal), alcohol, or food in secret?
- Have you been sexually promiscuous outside of marriage?
- Have you lied to others or made excuses to yourself about your sexual conduct?
- Has anyone ever expressed concern about your sexual behavior?
- Have you participated in or experimented in any form of homosexual activity?
- Do you find yourself regularly watching soap operas and or reading fantasy/romance novels?
- Do you regularly purchase or view sexually explicit materials? (i.e. magazines, videos or internet)
- Have you made efforts to quit a type of sexual behavior and failed?
- Does your weight cause you or others to be concerned about your health?
- Were you raised in a family where food was a reward for obedience?
- Do you comfort yourself with food when feeling hurt, angry, depressed or bored?
- Are you over/under weight by more than 20 pounds?
- Have you ever had thoughts of suicide? If yes, was it within the last twelve months? _____
- Do you feel alone in your problem?
- Do you find yourself trying to change, regulate and control others instead of yourself?
- Do you find it hard to trust, especially those in authority?

***Please return this form to your Freedom Session Director**

Use this space to add extra comments: