



## **SCCF Teen Pregnancy Prevention Program**

### ***Parent Consent Form***

Dear Parent/Guardian,

Thank you for registering your teen for our upcoming “I Matter” Teen Pregnancy Prevention Program. Six sessions will take place on the first and third Saturdays of April, May and June 2021 (April 3<sup>rd</sup> & 17<sup>th</sup>, May 1<sup>st</sup> & May 15<sup>th</sup>, June 5<sup>th</sup> & 19<sup>th</sup>) from 11:00 a.m. to 2:00 p.m. Our curriculum will be “Promoting Health Among Teens – Abstinence Only!” This abstinence program is for pre-teens and teens 11-17 years of age. All information shared will be age appropriate.

All sessions will take place at The Benison Center located at 100 S 3rd St, Hamilton, OH 45011 on the third floor.

Lunch will be provided for each session along with up-to-date instructional materials, activities, mentoring, motivation, incentives and more to encourage your child to communicate and dialogue amongst their peers and trainers about their understanding, questions, thoughts, frustrations and fears regarding abstinence.

It is important that attendees arrive at least five to ten minutes early so that we can start on time. It is also important that they be picked up on time. Transportation may be provided for your teen if they need it, and they live within a ten-mile radius. Please identify any individual allowed to drop off or pick up your child in your absence. We will not release your child to anyone if you do not identify them in the space below.

We will be practicing safe measures regarding COVID-19 including wearing masks (we will have them there in case your child forgets theirs), using hand sanitizer and cleaning and disinfecting. Youth will be distanced six feet from other at tables and desks. Please do not send your child to a session if they have a fever, cough, difficulty breathing, or any other symptoms of the virus, cold or flu.

We are excited to offer this opportunity to our community! It is our mission to empower your child with truth, disciplines and vision about their future so that they can wisely say no to teen sex and remain focused on their purpose and destiny.

During the program, your teen will:

- Be encouraged, inspired and motivated about their future.
- Work with our team to identify their gifts and talents.
- Participate in group discussions, games, and activities, and watch videos.
- Learn about abstinence (saying no to sex)

Each session will feature conversations with successful men and women from the corporate, education, private and various other sectors. These are individuals who have overcome childhood challenges and setbacks to achieve success in

their lives. They will share their wisdom to inspire and motivate your child to reach for the stars. We will be working to strengthen the work that you are already doing with your child not undermine it.

### **Before and After Program Survey**

Youth with parental consent will be asked to complete a survey at the beginning and end of the program. All surveys will be anonymous. They will assist us in determining the successfulness of our program.

The survey will ask participants:

- What they know about teen pregnancy.
- What are some of the challenges that teen parents face?
- What their personal vision of their future is.
- How easy or hard it would be for them to say “no” to sex if approached.
- If they are currently experiencing peer pressure to have sex.
- If they are currently having sex.

Teens will have the choice of not completing the survey. They can still participate in the program even if they do not fill out. However, completed surveys will strengthen our ability to continue to find funders for this program and assist us in adjusting the curriculum if need be.

Please feel free to contact Vanessa McQueen at [vmcqueen@sccfministries.org](mailto:vmcqueen@sccfministries.org) with any questions or concerns that you may have. We will be more than happy to assist you.

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*I have read and understand the information given above. I understand that I can contact program staff with any questions I may have. Upon signing below, I understand that one copy of this document will be kept with staff records.*

I certify that I am 18 years or older and I am the parent/legal guardian of \_\_\_\_\_.

***Please circle the best answers for you and sign below:***

1. My child can participate in the Teen Pregnancy Prevention Program: YES\_\_\_ NO\_\_\_
2. My child can fill out the pre/posttests YES\_\_\_ NO\_\_\_
3. My child can talk to a SCCF Team Member about additional resources/services: YES\_\_\_ NO\_\_\_

I give permission for \_\_\_\_\_ to drop off or pick up my child in my absence.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

*(Email will be used to distribute parent surveys, and other info)*