



KING'S KIDS
PUERTO RICO

A Ministry of Youth with A Mission
P.O. Box 116, Juncos, Puerto Rico 00777 Tel. (787) 734-4788 Fax (787) 734-2788
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Dear Applicant:

We are very pleased with your interest in participating in the Vacations with a Purpose, King's Kids P.R. We have two separate trainings; **the first one** is for children of 4 to 12 years old and will be held from **June 3 to June 16, 2012. The second one** is for youth of 13 to 18 years old and will be held from **June 17 to July 1, 2012.**

We believe that youth play an important role in completing God's plans for this century. We are seeking young people who genuinely want to know God better and who are willing to seek him with all their hearts.

This is not a time for just having fun or entertainment. It is training directed to developing Christian character, knowing God in an intimate way and learning how to make Him known to others. In order to accomplish our objectives we run a very rigorous schedule. We rise early and each hour of the day is strictly regulated by that schedule. Mornings are dedicated to teachings on the character of God, devotions, how to intercede for the nations, relationships with the opposite sex, personality development and many other topics. Also, each day we will have basketball or choreography training. The last four days, we will have public presentations and/or basketball games in different parts of Puerto Rico.

Because of the great demand, we suggest that you submit your application as early as possible.

The first training begins Sunday, June 3 at 3:00pm and the second on Sunday, June 17 at 6:00pm.

In order to participate, please send completed application as soon as possible to the address indicated above. It is vital that your family supports you in your decision to attend this program. For legal reasons, both **parents need to sign the authorization and the consent form**, if they do not, we cannot accept the application. In the case of **sole custody**, please send a copy of the **courts decision**.

Once you receive notification of acceptance you will need to send a \$100.00 registration fee. This fee is nonrefundable and will be applied to the total cost of the training which is **\$275.00**. Once we receive the registration we will be sending you a packet containing:

1. Study material
2. A list of items
3. A list of rules for the training

Mark with a **X** the training you want to participate:

*KKI Choreography (8-12 years) _____ *KKI Basketball (8-12 years) only boys _____ *KKI Theater (8-12 years) _____
*Children from 4 to 7 will have choreography, handcraft and recreation.

*KKII Choreography (13-22 years) _____ *KKII Basketball (13-22 years) only boys _____ *KKI Theater (13-22 years) _____

We look forward to hearing from you soon!

In His service,

Lysette Ruiz
Director of King's Kids P.R.

PERSONAL INFORMATION

PHOTO 2X2

Name _____ Sex _____
First Name Last Names

Address: _____

Telephone () _____ () _____ E-mail: _____
Residence Cellular phone City, State Zip Code

Date of Birth _____ Birth Place _____ Age _____
Month/Day/Year City State Country

Citizenship _____ Visa Number _____ Country _____

Passport Number _____ Expedition _____ Expiration _____

Marital Status: Single Engaged Married Divorced

T-Shirt/Polo Size young: __8-10 __10-12 __14-16 adult: __S __M __L __XL

PERSONAL

YWAM Operates as a family. For this reason we do not permit relationships that are romantic in nature. Do you accept this rule? Yes No

YWAM reserves the right to refuse acceptance on the basis of noncompliance of the rules set by the organization. Cellular telephones and Beepers are not permitted.

EMERGENCY CONTACT

Name _____ Relationship _____
First Name Last Name

Address: _____

Phone () _____ () _____ () _____
Home Cellular phone Work Country Postal Code

CHURCH INFORMATION

Name of the Church you attend _____

Address: _____

Pastor's Name _____ Phone _____

How long have you attended? _____

EDUCATION

Grade _____ School _____ Phone _____

School Principal _____ Languages: _____

Abilities and talents: __music __dance __theatrical __sports __first aids __other: _____

PREVIOUS EXPERIENCE IN YWAM OR KING'S KIDS

Have you ever participated in any missionary outreach, any Youth with a Mission or King' Kids Program?

___Yes ___No Specified: Niko___ DTS ___ King's Kids Training ___ When? _____

Where? _____ Leader's Name: _____

How you know about this training? Who referred you? _____

SELF EVALUATION

We would like to know what you think about yourself: You are

Talkative /Frank Friendly/Extroverted Very Quiet Shy Loner

Most mornings I wake up:

With a lot of energy Happy Various moods Irritable Grouch

When my mother asks me to do something:

I do it and ask what else I can do. I do it right away. I finish what I'm doing then I do it.

I say I'll do it but then I forget to. I ask "Why do I have to?"

Generally I keep my room:

Immaculate Clean but comfortable Somewhat disorderly Disaster Zone

If something I was hoping for doesn't happen I:

Pretend it was not important I get angry but it passes quickly I complain I feel bad for a long time

If I could change anything in my life I would change

Health History

(To be completed by the Applicant)

Name: _____

Weight: _____ Height : _____

Primary Physician: _____ Phone : _____

Primary Health Insurance: _____ Account Number: _____

Please answer **Yes** or **No** to the following questions. Answers will be strictly confidential.

1- Are you in good health? Yes No

2- Are you under medical treatment? Yes No

If yes, specified your condition and treatment _____

3- Do you or have you had any of the following? (Mark with a)

- | | |
|--|--|
| <input type="checkbox"/> Artificial Valves or defective Valves | <input type="checkbox"/> Wets itself in bed |
| <input type="checkbox"/> Congenitive Heart Disease | <input type="checkbox"/> Skin eruptions |
| <input type="checkbox"/> Cardiovascular illness, Heart attacks | <input type="checkbox"/> Convultions |
| <input type="checkbox"/> Chest pains during excercise | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Hepatitis Type?: _____ |
| <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Allergies Explain : _____ | <input type="checkbox"/> Stomach Ulcers |
| <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Gastritis |
| <input type="checkbox"/> Problems with Kidneys | <input type="checkbox"/> Dizzy Spells |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Abdominal Pains |
| <input type="checkbox"/> Bruise easlily | <input type="checkbox"/> Special Diet Explain: _____ |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Get fatigue when excercise |

4- Do you use any of the following:

Special Shoes Hearing Aides Others : _____

5- Do you exercise? Yes No What type? : _____ Frequency _____

6- Are you taking any of the following medications? (please mark with a √)

Antibiotics Tranquilizers Medicine for the pressure

Cortisone Aspirin Insulin

Others : _____

7- Are you allergic to some of this medications? (please mark with a √)

Insulin Aspirin Codine Penicilin

Antibiodics specify : _____ Others: _____

8- Blood type : _____

9- Women Only: Are you Pregnant? Yes No Do you have problems with your menstrual cycle? Yes No

Do you take birth control pills? Yes No Are you takin medication for menstrual pain? Yes No

Specify: _____

10- Do you have any medical condition not mentioned that requires regular medical treatment? Yes No
Explain _____

I certify that the information that I provided is correct and for my own benefit and that this information will be strictly confidential to be used by the Youth With A Mission staff. If I omit information or state information that is false I will not hold Youth With A Mission or its staff responsible for any damage or disciplinary action deemed necessary. Youth With A Mission reserves the right for admision or suspension if you do not meet these requirements.

Applicant Signature / Date

Parent/Guardian Signature / Date

FAMILY FACTS

The following questions are for the sole purpose of getting to know you, they will not be considered in the acceptance process. Please be honest and sincere.

1. Do you live with both parents? Yes No

If the answer is **no**, please explain: _____

2. How you relate with the following persons?

	Very good	Good	regular	bad
father				
mother				
siblings				

3. If you could change something about your relationship with your parents, what would it be?

4. Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

MY RELATIONSHIP WITH GOD

Have you invited Christ to live in your heart? Yes No

How and when? _____

If you could change something about your relationship with God, what would be? _____

MEDICAL EXAM
To be filled out by the Doctor

_____ is applying for acceptance into
 Applicants Name _____

Youth With A Mission, an organization with intense activities and hours that require good health. This evaluation would be taken into consideration for acceptance, due to the intensive activities. Conduct your evaluation on the following points:

	Normal	Abnormal	Explain
Head			
Ears			
Nose			
Throat			
Neck			
Thorax			
Cardiovascular			
Lungs			
Abdomen			
Genito-Urinary			
Muscle-skeletal			
Neurological			
Skin			

Do he/she suffer from any contagious diseases? _____

Are they taking Prescriptions? Which one? For what medical condition? _____

Is (he, she) healthy enough to take dance routine and/or aerobics for 3 to 4 hrs. every day?

Yes _____ No _____ Explain _____

Is he healthy enough to take intense routines of exercises and training to play basketball for 3-6 hrs. every day? Yes _____ No _____ Explain _____

Doctor's Name _____ Lic.# _____

Doctor's signature and stamp _____

Doctor's address _____ Phone: _____

