



*The Butterfly Effect Mentoring
Institute*

*Transforming One Person at a Time
Raising A Chosen & Special Generation*

The Butterfly Effect Mentoring Institute (BEMI)

Youth Mentoring Program

“Raising Up a Chosen and Special Generation”

(J. Shammah)

Attn: Director of Mentoring

P.O. Box 471

Frisco, TX. 75034

Email: mentoring@bemiinstitute.org

Website: www.bemiinstitute.org



The Butterfly Effect Mentoring Institute (BEMI) Youth Mentoring Program

PROGRAM SUMMARY

The Butterfly Effect Mentoring Institute (BEMI) is a program that empowers our youth to connect with their own unique identity and discover how to make their dreams a reality. The program will follow ***The Butterfly Effect, Transforming One Person at a Time, 3 Volume Series*** which is based on Kingdom Principles. The curriculum has been strategically designed to help each mentee discover how unique and special they really are, identify their obvious and hidden gifts and talents, build their confidence and self esteem by engaging in interactive exercises & group assignments on character building and teamwork. They will also understand the powerful effects of walking in unity and trust while learning how to develop diverse, healthy and authentic relationships. In addition, mentees will learn how to cast a vision, set goals, follow through and be accountable for the execution of their goals.

The Butterfly Effect Transformation Team of mentors will transfer proven success principles that will show each mentee how to connect their passions, dreams, frustrations and challenges with their obvious and hidden gifts and talents. Thereby, empowering them to consistently build bridges of success so they can positively influence and impact their environment, community, city, state, world and next generation for a lifetime.

The 2013 BEMI Annual Kick-off Party will be January 12, 2013 - Time & Place: TBD. The sessions will meet on the 2nd and 4th Saturdays from 10:30am-2:30pm beginning January 26th through May. The sessions will consist of guest speakers & workshops that will impart kingdom principles that will develop their unique skill sets to ensure they will be successful in every area of life (mentally, physically, emotionally, socially and spiritually).

LOCATION: TBD

WHEN / TIME: 2nd & 4TH Saturdays | 10:30am – 2:30pm

FEES: **\$88.00/per mentee** (covers registration, book, supplies and graduation ceremony for the entire 5 month period). If more than one mentee enrolled, receive a 10% discount. ***A limited number of Gold, Silver & Bronze Sponsor Scholarships are available for families that need assistance.***

AGES: 8 - 18

MEALS: Snacks provided

STAFF: The anticipated ratio of mentees to staff will be 10:1. **The classroom structure will be divided into 3 categories: Elementary, Middle and High School level.**

REGISTRATION INFORMATION:

Registration forms must be completed for each child. Forms can be mailed or scanned & emailed to mentoring@bemiinstitute.org

Check-off List:

1. Complete Mentee Application Form
2. Complete the Parental Participation, Release and Indemnity Agreement
3. Mail or deliver the entire packet along with your **\$88.00 fee** made payable to: **Butterfly Effect Mentoring Institute**
4. Concerns or questions can be addressed to the Director of Mentoring at mentoring@bemiinstitute.org



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Mentee Application

(To Be Completed by the Parent/Guardian)

Personal Information

Child's Name:	Parent/Guardian Name
Street Address:	Parent/Guardian Cell:
City / State / Zip	Parent/Guardian Home:
Child's Age:	Parent/Guardian Work:
Child's Cell: (Optional)	Parent/Guardian's Email Address:
Allergies:	Emergency Contact Name:
If yes, Please Explain:	Emergency Contact Phone:
Ethnicity (please check): African American: <input type="checkbox"/> Asian: <input type="checkbox"/> Caucasian: <input type="checkbox"/> Hispanic: <input type="checkbox"/> Other: <input type="checkbox"/>	Name of School: Grade: _____ School Activities:
T-Shirt Size (Adult): X-Small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/>	List 5 topics mentee interested in: 1. 2. 3. 4. 5.



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5. Has your child experienced or displayed any of the following? (please explain)
 - a. Problems at school or home?
 - b. Traumatic event (i.e. death in the family, divorce)
 - c. Emotional issues (i.e. anger, frustration, sadness, etc)
 - d. Is your child currently seeing a counselor or therapist?

6. Is your child currently on any type of medication? If so, please explain.

7. Does your child have any physical problems or limitations?

8. Please indicate any other areas of concern that you would like the Mentoring Team to be aware of regarding your child.

9. The mentoring program requires a time commitment of two meetings per month (Saturday) for 4 hours from January – May. Please explain any activities that may conflict, including dates and times.



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PARENTAL PERMISSION AND RELEASE OF LIABILITY AGREEMENT

Please read this carefully before signing:

The Butterfly Effect Mentoring Institute appreciates you and your child's interest in becoming a mentee. The application process is intended to gain information about your son's/daughter's personality to ensure the BEMI Youth Mentoring Program is effective in equipping your child with the necessary tools to be successful.

I (or We) request that you accept the participation of my child _____ (child's full name) for activities associated with the Butterfly Effect Mentoring Institute. In consideration, of acceptance, I (or we) hereby releases The Butterfly Effect Mentoring Institute and its members from all claims or causes of action arising from damage or injury to the person or property of my child resulting from participation in field trips, whether such damage or injury is the result of negligence or some other cause. I (or We) hereby agree to the indemnity and hold harmless proceedings of every kind and character which may be presented or initiated by any other person in The Butterfly Effect Mentoring Institute for activities, including but not limited to field trips. If medical attention is required for injury or illness while participating in any activity, I (or we) give our (or my) permission for appropriate medical care. Any such medical care can be provided by The Butterfly Effect Mentoring Institute or its agents at their sole discretion. In the event of illness or injury requiring treatment, hospitalization and/or surgery, I (or We), the child's family or their medical insurance is responsible for the cost. I (or We) will accept all expenses for such treatment. I (or We) release The Butterfly Effect Mentoring Institute and its members of all liability of injury, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to transportation, and field trips and hold harmless any The Butterfly Effect Mentoring Institute staff, members, partnering agencies and affiliates or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined. I (or We) give permission for The Butterfly Effect Mentoring Institute to use any photographs, videos, or films of my child for publicity, advertising, or other commercial purposes. I (or We) agree to the Notice Agreement conditions.

By signing this Parental Permission and Release of Liability Agreement, I (or We) give permission for my son/daughter to participate in The BEMI Youth Mentoring Program and attest that I (or We) have read and understand The BEMI Youth Mentoring Program Parental Permission and Release of Liability Agreement.

Signature: _____
(Parent or Legal Guardian)

Date: _____

Signature: _____
(Parent or Legal Guardian)

Date: _____