



# INNER STYLE: PRESENCE OF HEART

## PURPOSE

Our aim is to empower girls to achieve their personal goals while redefining their true inner style. In addition, we hope to:

- *Decrease anxiety of young women and encourage them to live mindfully and in the moment,*
- *Enhance self esteem and one's self-image,*
- *Support the growth of healthy lifestyle choices*
- *Build a foundation of confidence for problem solving and decision-making.*

## HOW DOES IT WORK?

Inner Style: Presence of Heart is a group designed for girls in grades 7-9. The program will run from 6:00- 9:00pm on Tuesday and Thursday nights in the Neighborhood Learning Center at Chilliwack Secondary School. Over the 4 weeks, we will be exploring the exact topics that are struggled with at this age within Chilliwack - Confidence, Self Esteem, Healthy Eating, Mindfulness, Conflict Management, Anxiety, Healthy Relationships and many more.

There will be 8 – 12 youth participants & two facilitators.

## WHO ARE THE FACILITATORS?

Vanessa Epp and Kristy Vanderstarren have collectively volunteered thousands of hours within the Chilliwack community and have previously run numerous successful groups. This is a project of love for the both of us and we have hand crafted it to meet the needs and problems facing Chilliwack's Youth.

## FACILITATOR BIOGRAPHIES.

Kristy Vanderstarren is currently a student at the University of the Fraser Valley studying in the Social Services Program. She hopes to one day run a non-profit helping youth overcome any adversity they may face. Kristy, having dealt with anxiety for many years herself, wishes there was a program like this when she was growing up. She is looking forward to helping these girls look inward for acceptance instead of the standards of today's society.

Vanessa Epp is working towards her Doctorate in Clinical Psychology. In September, she will be starting her Graduate School program in Vancouver. Vanessa is excited to help the group approach stress and anxiety in a different way, and looks forward to helping these girls achieve whatever goals they may have.

## **WHAT IS THE PARENTS ROLE?**

Parents who allow their child to join this program should show their support of the child's involvement in the program and ensure consistent attendance. Parents will be required to ensure a safe return home of their child after each weekly session. The parent will need to sign an **Informed Consent & Application** before the program begins as well as give information about the child's interests and need's. It is important for a parent to notice how the child reacts to each session and report any concerns to the facilitators immediately. To ensure a positive experience for your child the parent must be open to provide feedback about the child's involvement.

Schedule as follows: **note that schedule is subject to change.**

Tuesday July 11 – Confidence Building  
Thursday July 13 – Responsibility to Self and Responsibility to Others  
Tuesday July 18 - Active Living and Healthy Eating  
Thursday July 20 – Peer Pressure and Conflict Resolution  
Tuesday July 25 – Friends, Relationships, and Bullying  
Thursday July 27 – Self-Esteem  
Tuesday August 1 – Introduction to Mindfulness  
Thursday August 3 – Goal Setting and Closing

## Inner Style: Presence of Heart 2017 Application

**(Please Print)**

**Child's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

School & Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Parent E-mail address: \_\_\_\_\_

Parent/Guardian place of work: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Present marital status of parent/guardian: \_\_\_\_\_

People living in the home: \_\_\_\_\_

How will your child be getting home after the program? *(please indicate who will be picking them up or if they are allowed to walk home. Please pick up your child promptly at 9:00 pm) \*\**

Please Note: You will be required to you're your child in and out of every session. Please send a note with your child, if you are giving them permission to walk home.

Child's interests and activities (i.e. hobbies, sports, clubs): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any particular challenges or issues they are dealing with at this time?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Please describe your child: (i.e. personality traits, areas of strengths and weaknesses in their character or behavior, how their respond to adults or any further information that may be necessary.)

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Do you have any questions or concerns about this program? \_\_\_\_\_

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I, \_\_\_\_\_ give permission for \_\_\_\_\_ to partake in the upcoming program Inner Style: Presence of Heart.

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**Signature of Parent/Guardian**

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**Date**

**Child Information – In Case of Emergency**

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Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home No.: \_\_\_\_\_

Cell No. \_\_\_\_\_ Work No.: \_\_\_\_\_

**Emergency Contact (If parent/guardian can't be reached this person is granted permission to pick up child and/or authorize emergency treatment)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home No.: \_\_\_\_\_

Cell No. \_\_\_\_\_ Work No.: \_\_\_\_\_

**Medical Record**

Physician's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Health Card No: \_\_\_\_\_

Please note any medications/allergies/food restrictions to be aware of:

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Release**

In case of accident, illness or surgical emergency to my child \_\_\_\_\_, and if I am not immediately available for consultation and consent, I HEREBY AUTHORIZE AND DIRECT the facilitators to secure proper medical or other related treatment for my child. Facilitators will not be responsible for transportation of my child to hospital. If I am not available to transport my child the facilitators have permission to call for an ambulance.

**All costs incurred are the responsibility of the parent/guardian.**

Parent/Guardian Name: \_\_\_\_\_

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

Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

**Informed Consent – Inner Style: Presence of Heart**

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**I hereby make a formal application to Inner Style: Presence of Heart to make available their service to my child.**

**In consideration for this service and other valuable consideration provided to my child by Inner Style: Presence of Heart, I release the organization of all responsibilities and liabilities in connection to their services provided in good faith, to myself or my child. I acknowledge there are risks associated with any youth program, and I hereby agree to release the facilitators, organization, and facility from all liability arising from any harm or injury incurred by the participation of my child in the program.**

**I understand that the collection of personal information about me or my child will be held in strict confidence and is to be used solely for the purposes of administering the program.**

**I HAVE READ AND UNDERSTAND THIS AGREEMENT. BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT:**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ hereby request the service of Inner Style: Presence of Heart for my child. I am aware of and understand the risks, dangers and hazards associated with the above service and agree such service is suitable for my child.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Full Name of Witness (Please Print)

**Media Consent – Inner Style: Presence of Heart**

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Re: \_\_\_\_\_  
**Name of Child/Youth**

I hereby **DO**  or **DO NOT**  give consent:

to Inner Style: Presence of Heart to use any photographs, audio and/or video recordings of my child as taken or produced by media personnel and/or facilitators for the purposes of promotional material including brochures, and all social media promotion. I further waive any claim which I may have against Inner Style: Presence of Heart arising from the use of such photographs, audio and/or video recordings of my child, as aforesaid.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Name of Parent/Guardian (please print)

\_\_\_\_\_  
Date

*Note: It is the parent/guardian's responsibility to notify the office if the status of this consent changes.*