

# Program Registration & Intake Form

Return to: Michael R. Terry · mikeyterry44@gmail.com · (435) 840-1896 · readyforreal.life

## SECTION 1 — ABOUT YOU

First Name

\_\_\_\_\_

Email Address

\_\_\_\_\_

School / Organization

Last Name

\_\_\_\_\_

Phone Number

\_\_\_\_\_

City & State / Country

Your Role — check one:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> K-12 Teacher         | <input type="checkbox"/> University / College Instructor | <input type="checkbox"/> Faith Community Leader |
| <input type="checkbox"/> School Counselor     | <input type="checkbox"/> Community Program Facilitator   | <input type="checkbox"/> Parent / Guardian      |
| <input type="checkbox"/> School Administrator | <input type="checkbox"/> Youth Organization Leader       | <input type="checkbox"/> Other Educator / Coach |

How did you hear about MMMF?

- |   |  |   |                                |
|---|--|---|--------------------------------|
| <input type="checkbox"/> Colleague / coworker | <input type="checkbox"/> readyforreal.life | <input type="checkbox"/> Conference / event | <input type="checkbox"/> Other |
| <input type="checkbox"/> School administrator | <input type="checkbox"/> Social media      | <input type="checkbox"/> Word of mouth      |                                |

## SECTION 2 — PROGRAM DETAILS

Implementation Track(s) — check all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> <input type="checkbox"/> Grades 7-8 (Foundational)        | <input type="checkbox"/> <input type="checkbox"/> Community Youth (After-school / flexible) |
| <input type="checkbox"/> <input type="checkbox"/> Grades 9-12 (Levels up annually) | <input type="checkbox"/> <input type="checkbox"/> Community Adult (Workplace / family)      |

Preferred Delivery Format — check one:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Daily elective (45-60 min) | <input type="checkbox"/> Advisory / enrichment block | <input type="checkbox"/> Online / hybrid |
| <input type="checkbox"/> A/B block (90 min)         | <input type="checkbox"/> Community workshop series   | <input type="checkbox"/> Not sure yet    |

Anticipated Start Date

Estimated Class / Group Size

Have you completed the MMMF Teach the Teacher Training?

- |   |   |
|---|---|
| <input type="checkbox"/> <input type="checkbox"/> Yes — fully certified | <input type="checkbox"/> <input type="checkbox"/> Not yet — interested      |
| <input type="checkbox"/> <input type="checkbox"/> In progress           | <input type="checkbox"/> <input type="checkbox"/> Please send training info |

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## SECTION 3 — YOUR STUDENTS & CONTEXT

Describe your student or participant population:

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Most pressing soft-skill gap(s) — check all that apply:

- Respectful communication
- Digital citizenship
- Emotional regulation
- Accountability & repair
- Decision-making under pressure
- All of the above — they need the full program

Current confidence facilitating SEL / life skills content (circle one):

1    2    3    4    5

1 — Not confident      5 — Very confident

What support would help you most before your first session? — check all that apply:

- One-on-one coaching call with Michael
- I'm good — just need the materials
- Access to digital curriculum portal
- Parent / community comms template
- Sample lesson plan for my track

Anything else Michael should know before your first session?

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## SECTION 4 — CONSENT & SIGNATURE

**By signing below I confirm:**

The information I provided is accurate. I understand this form initiates my MMMF program enrollment.  
My information will be used solely for program onboarding by Michael R. Terry.

Signature

Date

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Printed Full Name