

Growing Well



Growing Well Girls Group

a monthly group for preteen girls focused on body literacy, consent, boundaries, and safety in a calm, age-appropriate environment.

✦ **for ages 9-12** ✦

Cost: Free/Donation (\$5 recommended)*

Location: 2655-3 Capital Cir NE

Group Size: Space Limited

Days/Times: Fridays from 6:00-8:00 PM

Dates: March 6, April 3, May 1, June 12, July 10, Aug 7

*all donations will go to the non-profit Dance for All Foundation Inc.



Parent / Legal Guardian Consent and Confidentiality Agreement

For Preteen Participants (Ages 9–12)

Program Name: Growing Well

Participant Name: _____

Age: _____ **Date of Birth:** _____

Parent / Legal Guardian Name: _____

Relationship to Child: _____

Date: _____

Purpose of Growing Well

I understand that **Growing Well** is a monthly, educational group for preteen girls approximately ages 9–12, offered through a licensed mental health counseling practice in the state of Florida.

The purpose of Growing Well is to support healthy development by providing **age-appropriate education and skills** related to:

- Puberty and body changes
- Body literacy and respectful language
- Personal boundaries and body autonomy
- Consent in everyday situations
- Emotional awareness and self-trust
- Safety, secrets, and asking for help

I understand that the content is designed specifically for preteens and is presented in a calm, respectful, and non-shaming manner.

Educational Group, Not Therapy

I understand that **Growing Well is an educational group, not psychotherapy.**

Participation in this group:

- Does not involve diagnosis or treatment
- Does not replace individual therapy or medical care
- Does not create an ongoing therapist-client relationship

Girls are not asked to process personal trauma or share private experiences.

Participation, Choice, and Developmental Sensitivity

I understand that Growing Well is structured to respect the developmental stage of preteen girls.

My child will:

- Never be required to share personal stories

- Never be pressured to answer questions
- Always be allowed to pass or sit out of an activity

Group discussions focus on learning, practicing skills, and asking general questions rather than sharing personal details.

Content and Language

I understand that the group uses:

- Correct anatomical terms when discussing bodies
- Clear, simple explanations appropriate for ages 9–12
- Language that emphasizes respect, safety, and confidence

Topics are introduced gradually and revisited as needed based on developmental readiness.

Confidentiality and Group Expectations

I understand that:

- Girls are taught to respect one another's privacy
- Participants are asked not to repeat personal information shared in the group
- Parents will receive general information about topics covered, not details about individual conversations

I understand that **confidentiality in a group setting cannot be guaranteed**, as it depends on the behavior of all participants. The facilitator establishes clear group agreements about privacy and reinforces them regularly in age-appropriate ways.

Safety and Mandated Reporting (Florida)

I understand that the facilitator is a **mandated reporter under Florida law**, pursuant to **Chapter 39, Florida Statutes**.

If my child shares information that suggests:

- Abuse or neglect
- Sexual abuse or exploitation
- A serious safety concern

the facilitator is legally required to make a report to the Florida Abuse Hotline and take appropriate steps to protect safety. This may include contacting appropriate authorities or caregivers.

This limitation of confidentiality is explained to participants in clear, age-appropriate language, emphasizing safety and support rather than punishment.

Parent Communication

I understand that:

- Parents and caregivers do not attend group sessions
- Parents will receive general communication about group topics and structure
- Parents encouraged to continue conversations at home using my own family's values and language

I understand that I may contact the facilitator at any time with questions or concerns about my child's participation.

Media and Materials

I understand that:

- No photos, videos, or recordings of participants will be taken or shared without my written permission
 - Educational materials provided are intended for general learning and discussion
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Consent

By signing below, I acknowledge that I have read and understand this agreement. I confirm that I am the legal guardian of the child listed above and give permission for my child to participate in the Growing Well educational group.

Parent / Legal Guardian Signature: _____

Date: _____