In order to ensure that admission day goes smoothly, we ask that you have these forms completed prior to bringing your son to the center. The information requested on these forms is vital to your son’s participation in the program. Please take your time and fill them out completely. Also note that some of the forms require a notary. Bring the completed forms with you when you bring your son.

FORMS INCLUDED IN THIS PACKET:

- Emergency Contact Information
- Student Emergency Information
- Parental Authorization for Medical Care (Must Be Notarized)
- Activity Authorization and Consent
- Athletics Release (Must Be Notarized)
- Release of All Rights in Personal Story (Must Be Notarized)
- Photo Release Form
- Temporary Guardianship (Must Be Notarized)
- Tuition and Financial Policy Agreement (Must Be Notarized)
- Reporting Child Abuse or Neglect
- Medication Authorization and Consent (Must Be Notarized)
- Medical Provider Authorization and Consent (Must Be Notarized)
- Safety Provisions and Parent Authorization (Must Be Notarized)
- Automatic Credit Card Billing Authorization (optional)

ADDITIONAL FORMS/ITEMS REQUIRED AT CHECK-IN:

- Any Forms still missing on the “Intake Item List”
- First Months and Last Month’s Tuition
- Damage Deposit
- Education Fee
- Clothing and personal supplies for your son (Including Stamps)
- School Supplies
- Photo ID or Birth Certificate (To verify your son’s age)
- Cash (minimum $100)
EMERGENCY CONTACT INFORMATION

STUDENT: ________________________________________ Date: _____________________________

Full Name

CUSTODIAL PARENT INFORMATION:

FATHER’S NAME: _____________________________ Social Security No.:____________________
Home Mailing Address:_______________________ City:___________ State:_____ Zip:_________
Physical Address (if different):_______________________ City:___________ State:_____ Zip:_________
Home Phone:_____________________ Work Phone:_________ Cell Phone:_________________
Pager:________________________ Fax:____________________ E-mail:___________________________
Date of Birth:___________________________ Employer:_______________________________________
Spouse’s Name:_____________________________ Spouse’s Relationship to Student:____________

MOTHER’S NAME: _____________________________ Social Security No.:____________________
Home Mailing Address:_______________________ City:___________ State:_____ Zip:_________
Physical Address (if different):_______________________ City:___________ State:_____ Zip:_________
Home Phone:_____________________ Work Phone:_________ Cell Phone:_________________
Pager:________________________ Fax:____________________ E-mail:___________________________
Date of Birth:___________________________ Employer:_______________________________________
Spouse’s Name:_____________________________ Spouse’s Relationship to Student:____________

NATURAL PARENT INFORMATION (if different from custodial parents):

FATHER’S NAME: _____________________________ Social Security No.:____________________
Home Mailing Address:_______________________ City:___________ State:_____ Zip:_________
Physical Address (if different):_______________________ City:___________ State:_____ Zip:_________
Home Phone:_____________________ Work Phone:_________ Cell Phone:_________________
Pager:________________________ Fax:____________________ E-mail:___________________________
Date of Birth:___________________________ Employer:_______________________________________
Spouse’s Name:_____________________________ Spouse’s Relationship to Student:____________

MOTHER’S NAME: _____________________________ Social Security No.:____________________
Home Mailing Address:_______________________ City:___________ State:_____ Zip:_________
Physical Address (if different):_______________________ City:___________ State:_____ Zip:_________
Home Phone:_____________________ Work Phone:_________ Cell Phone:_________________
Pager:________________________ Fax:____________________ E-mail:___________________________
Date of Birth:___________________________ Employer:_______________________________________
Spouse’s Name:_____________________________ Spouse’s Relationship to Student:____________

TEEN CHALLENGE
The Proven Cure For The Drug Epidemic
NorWest California Nevada
INTERNATIONAL
OTHER EMERGENCY CONTACTS (at least 2 required):

NAME:_____________________________________________ Relationship:_________________________
Mailing Address:__________________________________ City:__________________ Zip:_____________
Home Phone:______________ Work Phone:______________ Cell Phone:_____________
Pager:____________________ E-mail Address:_________________________________________

NAME:_____________________________________________ Relationship:_________________________
Mailing Address:__________________________________ City:__________________ Zip:_____________
Home Phone:______________ Work Phone:______________ Cell Phone:_____________
Pager:____________________ E-mail Address:_________________________________________

NAME:_____________________________________________ Relationship:_________________________
Mailing Address:__________________________________ City:__________________ Zip:_____________
Home Phone:______________ Work Phone:______________ Cell Phone:_____________
Pager:____________________ E-mail Address:_________________________________________

PROBATION OFFICER:

NAME:_______________________________________________ County:____________________________
Mailing Address:__________________________________ City:__________________ Zip:_____________
Work Phone:______________ Home Phone:______________ Cell Phone:_____________
Pager:____________________ E-mail Address:_________________________________________
Status of Probation:________________________________________
Other:_________________________________________________________________________________

OTHER PERTINENT INFORMATION:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
STUDENT INFORMATION:

STUDENT’S NAME:__________________________________ Social Security No:_________________
Date of Birth:________ Age:____ Birthplace (County & State):______________________________
Home Mailing Address:___________________ City:________ State:____ Zip:______________
Physical Address (if different):___________________ City:________ State:____ Zip:______________
Height:________ Weight:________ Eye Color:________ Hair Color:_______________________
Blood Type:______ Date of last Tetanus Shot:__________ Last Seen by a Doctor:____________
Drivers License? □ Yes □ No If Yes, State Issued:______ Number:____________________ Years Exp.____
Diagnosed Illnesses:
________________________________________________________________________________________
Medications (currently using):
________________________________________________________________________________________
Allergies to Medications:
________________________________________________________________________________________
Other Allergies:
________________________________________________________________________________________

Have Allergies been confirmed by testing? □ Yes □ No If Yes, when:__________________________

HEALTH INSURANCE INFORMATION:

PRIMARY COVERAGE:
Insurance Company:___________________________ Policy Number:_________________________
Policy Effective Date (if applicable)___________ Expiration Date (if applicable):______________
Policy Holder Name:____________________________ Relationship:___________________________
Social Security Number:____________________________
Insurance Billing Information:____________________________

SECONDARY COVERAGE:
Insurance Company:___________________________ Policy Number:_________________________
Policy Effective Date (if applicable)___________ Expiration Date (if applicable):______________
Policy Holder Name:____________________________ Relationship:___________________________
Social Security Number:____________________________
Insurance Billing Information:____________________________
STUDENT EMERGENCY INFORMATION

STUDENT MEDICAL PROVIDERS:

FAMILY DOCTOR: ___________________________ Office Phone: __________________________
Mailing address: __________________________ City: ____________ State: _____ Zip: ________
Last Seen: ______________________________________

FAMILY DENTIST: ___________________________ Office Phone: __________________________
Mailing address: __________________________ City: ____________ State: _____ Zip: ________
Last Seen: ______________________________________

OTHER PROVIDER: ___________________________ Office Phone: __________________________
Mailing address: __________________________ City: ____________ State: _____ Zip: ________
Last Seen: ______________________________________

RUNAWAY INFORMATION REQUIRED BY LAW ENFORCEMENT:

The following information is required when filing a Missing Person report with the Washoe County Sheriff’s Office. Please answer all questions completely. A sample copy of the report is on file at the Teen Challenge office for review.

Race: □ White  □ Black  □ Indian  □ Asian  □ Hispanic  Skin Tone: ______________

Scars, Marks & Tattoos (be specific):
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Circumcision  □ Circumcised  □ Not Circumcised  □ Unknown

Body X-Rays?:     □ Full  □ Partial  □ No X-Rays

Footprints available?: □ Yes  □ No

Wears Glasses?: □ Yes  □ No  Wears Contacts?: □ Yes  □ No  Wears Both?: □ Yes  □ No

Dental Records Available?: □ Yes  □ No  If Yes, Name & Address of Dentist: ______________

Habits or Hobbies: ______________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________
I/We, (please print)_______________________________________________________ the parent(s)/legal guardian(s) of (full name), ____________________________________, a minor, have entrusted such minor into the care of Northern Nevada Teen Challenge, Inc. and their supervising agents and employees, an adult for particular reasons for a temporary period of time, and for the welfare of such child.

In such connection, I/we authorize such caring adult to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to such minor under the general or special supervision, and on the advice of, a physician and surgeon licensed under the provisions of the Medicine Practice Act; or to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to such minor by a dentist licensed under the provisions of the Dental Practice Act. Whether on any occasion such consent is rendered to any such medical or dental attention, it is to be considered within the above provisions and limitations, under the same kinds of circumstances, within the full discretion, and in the course of the same kind of responsible deliberations as I/we, such minor’s parent(s)/legal guardian(s) would have to consider it.

_________________________________________ DATED: this _____ day of ____________, 20___.

Parent/Guardian’s Signature

State of_______________)

County of_______________)

On _____________, before me personally appeared _______________ and _______________, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she executed the same in his/her authorized capacity and that by his/her signature on the instrument the person(s) executed the instrument.

Witness my hand and official seal.

______________________________________

NOTARY PUBLIC
I/We, (please print)_____________________________________________________ the parent(s)/legal guardian(s) of
(full name), _______________________________________, a minor, hereby authorize and give my/our consent to
Northern Nevada Teen Challenge, Inc. to take my/our child on activities that occur away from the Center.

This authorization and consent includes the transportation to and from the activity. Activities may include
outdoor activities such as hiking, skiing, snowboarding, fishing, camping, swimming, and sightseeing, etc.
Activities will also include ministry related activities such as participation in church/youth services and concerts,
community service projects, school related field trips and shopping trips. If an activity requires an overnight
stay, the stay will not be longer than one night in duration, and will not involve unusual risk. If an activity will be
longer than overnight in duration, Northern Nevada Teen Challenge will notify me prior to the activity.

If an activity has a cost or fee associated with it, I/we will be notified of that cost or fee prior to the activity
at which time I/we will have the right to approve or disapprove of our son’s involvement. If I/we give
approval for my/our son to participate in the activity, I/we agree to immediately pay Northern Nevada
Teen Challenge all of the costs/fees associated with the activity. If Northern Nevada Teen Challenge has
not received the payment for the activity prior to the day of the activity, Northern Nevada Teen Challenge
may, at their discretion, decline to allow my son to participate.

I/We release Northern Nevada Teen Challenge, Inc. from any responsibility for damages, physical injuries
or loss of property arising from the activity, unless any such injury or loss is a result of the negligence of
Northern Nevada Teen Challenge, Inc.

________________________________________________________
Parent/Guardian’s Signature

________________________________________________________
Date
I/We, (please print)__________________________________________________ the parent(s)/legal
guardian(s) of (full name), ___________________________________, a minor, hereby authorize
and give consent for my/our son to participate in an off campus athletic program. I do
hereby irrevocably covenant, promise and agree to indemnify Northern Nevada Teen
Challenge, Inc., and to hold it and it’s employees or volunteers harmless from and against
any and all losses, claims, expenses, suits, costs, demands, damages, or liabilities, joint or
several, of whatever kind or nature which my child may sustain or to which he may become
subject arising out of or relating in any way to the off campus athletic program.

________________________________________________________
Parent/Guardian’s Signature

DATED: this _____ day of __________, 20___.

State of_______________)

County of_______________)

On _______________, before me personally appeared __________________ and ________________
personally known to me or proved to me on the basis of satisfactory evidence to be the
person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that
he/she executed the same in his/her authorized capacity and that by his/her signature on
the instrument the person(s) executed the instrument.

Witness my hand and official seal.

______________________________
NOTARY PUBLIC
I and my child do hereby irrevocably authorize Northern Nevada Teen Challenge, Inc. & those acting under its permission and on its authority, to use and publish for lawful purpose whatsoever, my child’s personal story which he has related to Northern Nevada Teen Challenge, Inc. in whole, or in part, including any photographs of him that may appear on Teen Challenge Website, Facebook, MySpace, Twitter, or email marketing via Constant Contact. We hereby waive any right that we may have to inspect or approve the finished product or copy that may be used in connection therewith, or the use to which it may be applied.

We hereby release and discharge Northern Nevada Teen Challenge, Inc., its successors and assigns, and all persons acting under it’s permission or authority from any liability by virtue of misprint, error or distortion that may occur unless it can be shown that they and the publication thereof were maliciously caused, produced and published solely for the purpose of subjecting my child to conspicuous ridicule, scandal, reproach, scorn and indignity.

We do hereby warrant that we have every legal right to contract in the above manner and further, that all of the information in my child’s personal story was obtained from my child and not from records subject to protection by law. I further warrant that I have read the above authorization and release, prior to its execution, and that I am fully familiar with the contents thereof.

______________________________________________  DATED: this _____ day of ____________, 20___.
Parent/Guardian’s Signature

State of_______________)
County of_______________)

On __________, before me personally appeared ________________ and ________________, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she executed the same in his/her authorized capacity and that by his/her signature on the instrument the person(s) executed the instrument.

Witness my hand and official seal.

______________________________________________
NOTARY PUBLIC
In consideration of my engagement as a model, I hereby grant to Teen Challenge and its representatives and employees, the irrevocable right to take photographs and videos of me, and to make recordings of my voice, and to use these images and recordings, as well as my name and biographical information, testimony, as follows:

- The use may include reproduction, distribution, modification, display, and performance.
- The use may be in composite or modified forms and in any media, now known or later developed.
- The use may be for any purpose throughout the world and in perpetuity.
- The use may appear on Teen Challenge Website, Facebook, MySpace, Twitter, or email marketing via Constant Contact.

I further acknowledge that I will not be compensated for these uses, and that the Teen Challenge exclusively owns all rights to the images and recordings. I waive the right to inspect or approve uses of the images and recordings. I hereby release the Teen Challenge, its representatives and employees, from any claims that may arise from these uses, including claims of defamation, invasion of privacy, or rights of publicity or copyright. This release is binding on me, my heirs, assigns, and estate. I am 18 years of age or older and have read the above authorization and release prior to its execution. If under 18 years of age, the legal guardian indicated below has signed on my behalf.

Print Name ________________________________________________________________
Signature __________________________________________________________________
Address ___________________________________________________________________
Witness ____________________________________________________________________

SIGNATURE OF PARENT OR GUARDIAN IF UNDER 18 YEARS OF AGE
Signature of Parent/Guardian _______________________________________________
Address Parent/Guardian ___________________________________________________

Staff Use Only:
Project Name _____________________________________________________________ Date of Shoot__________
Item #__________ Item __________________________________ Time Spent ______________
Item #__________ Item __________________________________ Time Spent ______________
Item #__________ Item __________________________________ Time Spent ______________

Check One:   [ ] Teen Challenge Staff   [ ] Teen Challenge Student   [ ] Other
We/I, ________________ and ________________ (must be signed by both parents if they are living and not divorced; otherwise by the parent who has legal custody), appoint Mr. Jered Rowe as temporary guardian of my/our son, ________________________ pursuant to NRS 159-205, to provide for his care, maintenance, education, and religious training.

We are/I am the natural parents/mother with legal custody/father with legal custody of ________________________, a minor child.

This guardianship is to continue for six months from the date stated below unless earlier terminated by me. We/I understand that I may consent to continue this guardianship after the six-month period and that this continuance will remain in effect until terminated by me in writing.

We/I agree to indemnify and hold Mr. Jered Rowe harmless for any liability incurred by him for actions or damages caused by our/my son while in his care.

We/I acknowledge that we/I have read this Temporary Guardianship, that we/I verify its contents as true, and that we/I acknowledge we are/I am signing this document voluntarily.

DATED: this ______ day of ____________, 20____.

_____________________________________________  ___________________________________
PARENT                                           PARENT

State of_________________)

County of__________)

On ______________, before me personally appeared _______________ and ________________, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she executed the same in his/her authorized capacity and that by his/her signature on the instrument the person(s) executed the instrument.

Witness my hand and official seal.

__________________________________________
NOTARY PUBLIC
THIS AGREEMENT, dated _____________________________ is by and between Teen Challenge of Nevada, Inc., “Center” and ___________________________________________”Student” and contains the financial obligations of all parties regarding payment for the care of the student while in the program at the Center. This agreement shall remain in force until the student has been discharged from the program and all financial obligations are completed by all parties in accordance with the agreement. This agreement supersedes any other agreements, written or oral, and is complete and final unless amended by all parties in writing.

TUITION:

Monthly Tuition fees are to be paid in advance with the first and last month payment due on the day of enrollment. All subsequent tuition payments will be due monthly on or before the due date. The due date is the day of the month the student enrolled, i.e. if the student enrolled on the 5th of the month all subsequent payments are due on the 5th of the month. Parent(s)/Legal Guardian(s) are required to pay the full monthly tuition during the time the Student is enrolled in the program. This includes months when the Student returns home for scheduled breaks or is otherwise away from the Center. If the payment is split among multiple parties the Center is not a party to such arrangements and reserves the right to exercise all provisions contained in this Agreement to collect full payment from any/all parties who have signed this Agreement.

Last Month’s Tuition is to be paid in advance and is due in full no later than the day of enrollment. It will remain on deposit for the student throughout their enrollment in the program at the Center. It may not be used for hardship or any other purposes. Parent(s)/Legal Guardian(s) are expected to make all tuition payments, including the final month the student is at the Center. The prepaid tuition is eligible for refund to the Parent(s)/Guardian(s) as provided for in the section REFUND OF DEPOSITS AND PREPAID TUITION.

Late Tuition: Tuition is due on the due date and must be received at the Center by that date. A 5% late fee will be accessed for tuition payments that are more than 5 days late. If a tuition payment is not received within 10 days of the due date the late fee will be increased to 15% for each additional day late. Late fees must be paid immediately. Parents/Legal Guardians should notify the Center in writing at least ten (10) days prior to the due date if they need to make special arrangements for Tuition Payments or if the payment will be late. Tuition that is more than 30 days late can, at the sole discretion of the Center, result in the discharge of the student from the program at no liability or obligation to the Center. See the section REFUND OF DEPOSITS AND PREPAID TUITION below for additional details.

DEPOSITS:

Damage Deposit: The damage deposit must be paid in full to the Center no later than the day the student enrolls. Money from the damage deposit will be used to replace or repair any property damaged/stolen by the Student. It will also be used to reimburse the Center for any/all legal fees or extra expenses incurred if the Student runs away from the Center. This includes payroll for extra staff to cover the incident and for extra costs incurred while searching for the Student. The Center, at its sole discretion, will make the determination whether damaged property should be repaired or replaced. If the damage deposit falls below 50% of the required deposit, the Parent/Legal Guardian shall be required to bring the balance back up to the full deposit amount within ten (10) days of being notified in writing or by email. The damage deposit is eligible for refund to the Parent(s)/Guardian(s) as provided for in the section REFUND OF DEPOSITS AND PREPAID TUITION.

Return Fare Deposit: The return fare deposit must be paid in full to the Center no later than the day the student enrolls. Money from the return fare deposit will be used, at the Center’s sole discretion, to pay for sending the student home by commercial carrier if
TUITION AND FINANCIAL POLICY AGREEMENT

expelled or discharged from the program. It will also be used for shipping/postage costs that may be occurred in returning student property to the Parent(s)/Legal Guardian(s) after the Student has left the Center. The return fare deposit is eligible for refund to the Parent(s)/Guardian(s) as provided for in the section REFUND OF DEPOSITS AND PREPAID TUITION.

MEDICAL CARE/BILLS:

Parent(s)/Legal Guardian(s) are solely responsible for the payment of all medical care including but not limited to prescriptions, doctors’ visits, dental care, and emergency care, etc. for the Student. It is the responsibility of the Parent(s)/Legal Guardian(s) to provide the Student with a medical insurance policy and to provide the Center with a copy of the insurance card that covers the policy. Parent(s)/Legal Guardian(s) must make arrangements with medical personnel for the payment of deductibles and other fees at the time of care. Parent(s)/Legal Guardian(s) must have an emergency phone number available to the Center staff so they can be reached in the event of a medical emergency. Parent(s)/Legal Guardian(s) agree to indemnify the Center against all financial claims arising from medical care for the Student. The Center will not pay for or be obligated to pay for any medical services for the Student.

OTHER FEES:

Education Fee: The education fee must be paid in full to the Center no later than the day the student enrolls. This is a one-time fee that covers the student’s initial costs of middle and high school education which is administered onsite. The fee is non-refundable.

Student Commissary Fund: The student commissary fund is maintained by Center staff for the personal use of the Student and is due on the day of enrollment. These funds are used for, but not limited to, personal care items, recreational activities, incidental clothing, birthday celebrations, etc. Parent(s)/Legal Guardian(s) are required to maintain a balance of funds in the Student’s account. The initial amount is due in full on the day of enrollment. Center staff will notify Parent(s)/Legal Guardian(s) when the fund is running low. When notified, Parent(s)/Legal Guardian(s) are required to send in the additional funds within seven (7) days of receiving the notice. Any balance remaining in the Student Commissary Fund when the Student is discharged is eligible for refund to the Parent(s)/Guardian(s) as provided for in the section REFUND OF DEPOSITS AND PREPAID TUITION.

Medical Commissary Fund: Parent(s)/Legal Guardian(s) of Students who require prescription medications are required to have a Medical Commissary Fund established for the purchase of the medications. The amount must be equal to or greater than the amount needed to cover three months’ worth of prescription costs. The Center will notify the Parent(s)/Legal Guardian(s) when the amount in the Fund needs to be replenished. Any balance remaining in the Medical Commissary Fund when the Student is discharged is eligible for refund to the Parent(s)/Guardian(s) as provided for in the section REFUND OF DEPOSITS AND PREPAID TUITION.

HARDSHIP:

Parent(s)/Legal Guardian(s) who are unable to afford the full monthly tuition may qualify for a hardship tuition. If a reduced tuition amount is granted as a Hardship Amendment to this agreement, the Hardship Amendment pertains only to the amount of the monthly tuition and to the fundraising requirement contained in the Hardship Amendment. All other provisions contained in this Agreement remain in force.

GRADUATION/DISCHARGE/REMOVAL OF STUDENT:

Students that Graduate: A Student who graduates our program will have their last month’s tuition prorated to the day of graduation or the actual date they leave the Center, whichever is later.
Students who run away or do not complete the program: Parent(s)/Legal Guardian(s) of a Student who runs away, commits acts of violence, is arrested or who does not complete the program for any other reason, are required to pay the full monthly tuition regardless of the date the student left the program. In addition, because no thirty (30) day notice was given the thirty (30) day notice time period will begin the day the Student left the Center. If the Student returns to the Center and they are accepted back into the program the thirty (30) day notice requirement in this section is waived. At no time are the Parent(s)/Legal Guardian(s) entitled to a prorated tuition for the month the Student left.

Discharge of a student by Teen Challenge of Nevada for non-disciplinary reasons: On rare occasions, the Center and staff may determine, at their sole discretion, that the Center is unable to provide adequate help or care for a Student due to circumstances beyond the reasonable control of the Student, Parent/Legal Guardian, or the Center and staff. In such circumstances, the Student may be discharged and tuition fees for the month of discharge will be prorated to the date of discharge.

Removal of Student from the Program by Parent(s)/Legal Guardian(s): Parent(s)/Legal Guardian(s) who choose to remove a Student from the program before program completion for any reason are required to give the Center at least a thirty (30) day notice. The thirty (30) day time period begins on the next regular due date and continues for thirty (30) days. Parent(s)/Legal Guardian(s) are responsible for the tuition that is due during that thirty (30) day time period, even if they remove the Student immediately.

REFUND OF DEPOSITS, PREPAID TUITION:

Prepaid Last Month Tuition: The prepaid last month tuition will be refunded within 30 days of discharge provided all financial obligations are paid in full. If any financial obligations remain outstanding after 30 days or the Parent(s)/Legal Guardian(s) have failed to fulfill the requirements of their Hardship Amendment, if applicable, the prepaid last month tuition will be deemed as forfeited in full.

Refund of Deposits and Other Fees: The damage deposit, return fare deposit and Commissary Fund(s) balances at the time of Student discharge will be refunded within 30 days of discharge provided all financial obligations are paid in full. If any financial obligations remain outstanding after 30 days or the Parent(s)/Legal Guardian(s) have failed to fulfill the requirements of their Hardship Amendment, if applicable, the deposit balances will be deemed as forfeited in full.

RETURNED CHECKS/DECLINED CREDIT CARDS

If, for any reason, a check used by Parent(s)/Legal Guardian(s) to pay for tuition or other fees owed to the Center is returned without having been paid, Parent(s)/Legal Guardian(s) will pay a returned check charge of $25.00. After the second time a Parent(s)/Legal Guardian(s) check is returned unpaid, Parent(s)/Legal Guardian(s) must use a cashier’s check or money order for payment of tuition or other fees. If a credit card used to pay for tuition or other fees owed to the Center is declined Parent(s)/Legal Guardian(s) must provide an alternate form of payment. If any declined payment is for tuition, late fees as described elsewhere in this agreement will apply.

RIGHT TO PURSUE COLLECTION:

If any outstanding financial amounts remain due after all deposits and prepaid tuition have been applied and the Parent(s)/Legal Guardian(s) have failed to pay the remaining balance due within ninety (90) days from the date of written notification, the Center reserves the right to refer the amount owed to an outside agency to pursue payment of the debt. Parent(s)/Legal Guardian(s) are
notified that the Center may enlist the help of a collection agency and Parent(s)/Legal Guardian(s) are solely responsible for any damage to their credit report or for any additional fees that may be assessed by the outside agency.

ENTIRE AGREEMENT:

As written, the Agreement and Hardship Amendment, if applicable, constitutes the entire financial agreement between the Parent(s)/Legal Guardian(s) and the Center. No further promises of any kind have been made, nor have they reached any other understanding, either written or verbal. Should both parties desire to amend the agreement, said agreement must be in writing and signed by all parties.

SEVERABILITY/GOVERNANCE:

The invalidity or unenforceability of any provisions of this Agreement shall not affect the validity or enforceability of any other provision of this Agreement, which shall remain in full force and effect. This Agreement is to be governed by the laws of the State of Nevada.

FEE SCHEDULE:

- Monthly Tuition: $3,450.00 *
- Last Month’s Tuition: $3,450.00 *
- Damage Deposit: $300.00
- Return Fare Deposit: $200.00
- Education Fee: $500.00

  Student Commissary Fund: $100.00
  Medical Commissary Fund: (3 months costs prepaid)

* Unless modified by a Hardship Amendment

ACKNOWLEDGEMENT:

Parent(s)/Legal Guardian(s) hereby acknowledge that they have read this Agreement, understand it, agree to abide by it, and have been given a copy.

SIGNATURES:

Parent/Legal Guardian’s Signature ___________________________ Date

Parent/Legal Guardian’s Signature ___________________________ Date

Director’s Signature ___________________________ Date

[Document must be notarized – Notary Page Follows]
TUITION AND FINANCIAL POLICY AGREEMENT

State of Nevada
County of ________________________________

This instrument was acknowledged before me on ________________________________
by _______________________________________________________________________
__________________________________________________________________________
(Notary Stamp)

__________________________________________________________________________
(Signature of notarial officer)
Each student shall have the right to be treated in accordance with Nevada statutes regarding child abuse and neglect. If a student feels that he has been abused or neglected, either before coming to Northern Nevada Teen Challenge or while in residence here, he shall follow these prescribed guidelines:

- The student must first make the on-duty staff aware of any situation that may constitute abuse or neglect. The on-duty staff shall then pass the report on to his/her supervisor.

- If the student is not comfortable relating the incident to the on-duty staff, the student shall have the opportunity to discuss the issues with either his advisor or counselor.

- If the student is dissatisfied with the results of this action, he shall request a conference with the Director, who shall then gather the information for reporting the occurrence to authorities.

The student should understand that not every complaint about treatment constitutes child abuse or neglect. The administration of Northern Nevada Teen Challenge, Inc. shall make the determination of what will be reported to the appropriate authorities, but neither should a student assume an incident is harmless nor that no action will be taken if a report is made. Due consideration will be given to each report of child abuse or neglect.

______________________________
Parent/Guardian’s Signature

______________________________
Students Signature

______________________________
Date
I/We, (please print)_______________________________________________________ the parent(s)/legal guardian(s) of (full name), __________________________________, a minor, hereby authorize and give consent to Northern Nevada Teen Challenge, Inc. to dispense aspirin, over the counter cold and flu medications, allergy medications and medicine prescribed by a physician to my/our son. I/we fully understand that as the parent(s)/legal guardian(s), I/we are fully responsible for the payment of any medication bills while my/our son is enrolled at Northern Nevada Teen Challenge, Inc.

____________________________________________________ DATED: this _____ day of ____________, 20___.

Parent/Guardian’s Signature

____________________________________________________
Expiration Date

State of_______________)

County of_______________)

On _____________, before me personally appeared _________________ and _________________, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she executed the same in his/her authorized capacity and that by his/her signature on the instrument the person(s) executed the instrument.

Witness my hand and official seal.

____________________________
NOTARY PUBLIC
I/We, (please print)_______________________________________________________ the parent(s)/legal guardian(s) of (full name), ___________________________________, a minor, hereby authorize and give my/our consent to Northern Nevada Teen Challenge, Inc. to transport my/our son to medical care providers including medical doctors, dentists, orthodontists, and optometrists. I fully understand that as the parent(s)/legal guardian(s), I/we are fully responsible for the payment of any medical bill incurred while my son is enrolled at Northern Nevada Teen Challenge, Inc.

__________________________________________
Parent/Guardian’s Signature

__________________________________________
Expiration Date

DATED: this _____ day of ____________, 20___.

State of_________________)

County of_________________)

On ____________, before me personally appeared ________________ and ________________, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she executed the same in his/her authorized capacity and that by his/her signature on the instrument the person(s) executed the instrument.

Witness my hand and official seal.

______________________________
NOTARY PUBLIC
In as much as I/we have enrolled my/our son (full name) ____________________________________________ in Northern Nevada Teen Challenge and realizing that Northern Nevada Teen Challenge has exclusive control of my son during this time, I approve and consent to the following safety procedures to ensure the well-being of all participants:

• My/Our child’s personal effects and his person may be searched at the discretion of Northern Nevada Teen Challenge personnel for the exclusive purpose of discovering any prescribed or drugs or medications, and that all prescribed medications to be taken by my/our son during the course of his enrollment be in the custody of and dispensed by Northern Nevada Teen Challenge personnel.

• That all medical personnel of any hospital or other appropriate medical facility shall have authorization to provide emergency medical treatment according to their professional discretion.

• That any and all psychologists, medical doctors, hospitals, counselors, therapists, or others who have counseled or treated my/our son, and whose names have been provided to Northern Nevada Teen Challenge, are hereby authorized to release all information regarding medical history, diagnosis, treatment, or disability to Northern Nevada Teen Challenge staff and consultants who will be involved in my/our son’s care.

• Should our son run away from the control and supervision of the Northern Nevada Teen Challenge staff during his enrollment in the Northern Nevada Teen Challenge program, all appropriate law enforcement or security personnel of any federal, state, county, or municipal entity shall be directed to detail and retain custody of my/our son until my spouse or I or any Northern Nevada Teen Challenge personnel are contacted, at which time Northern Nevada Teen Challenge personnel may re-obtain custody or control of him, or they may authorize continued custody by the entity until travel is arranged for his immediate return to my/our home.

• That Northern Nevada Teen Challenge personnel shall be able to physically restrain, control and detain my/our child for the following purposes:
  a) To prevent him from running away from Northern Nevada Teen Challenge supervision, jeopardizing his safety and that of other students.
  b) To detain him if for any reason he leaves the group and attempts to return home through any means of transportation. This detention shall be for a period of time until Northern Nevada Teen Challenge personnel have made telephone contact with me or my spouse, at which time a decision will be made to continue his stay at Northern Nevada Teen Challenge or return him home immediately.
  c) To prevent him from hurting or jeopardizing the safety of anyone in the program.

It is understood that any physical restraint will be the minimum required and will only be used to ensure his safety.

Parent’s Name (printed) Spouse’s Name (printed) Date

Parent’s Signature Spouse’s Signature Date

State of_________________) County of_________________) DATED: this _____ day of ________, 20____.

On ____________, before me personally appeared __________________ and _______________ personally known me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she executed the same in his/her authorized capacity and that by his/her signature on the instrument the person(s) executed instrument.

Witness my hand and official seal.

____________________________
NOTARY PUBLIC

Teen Challenge of Nevada, Inc.
If you would like to enjoy the convenience of automatic billing, simply complete the information below and sign the form. **All requested information is required.** Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us in writing or by email at least ten (10) days prior to the billing date.

### Student Information

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>Enrollment Date:</th>
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### Payment Information

I authorize Teen Challenge of Nevada, Inc. to automatically bill the card listed below as specified *(Monthly billing Only – All Fields are Required)*:

- Monthly Tuition Amount: $ ________________
- Day of Month to Bill: ________________ *(At least 5 days before Tuition Due Date)*
- Month to Start billing On (MM/YY): ________________
- End billing when: ☐ End Date (MM/DD/YY) ________________
  - ☐ Cardholder provides written cancellation *(At least 10 business days prior to monthly billing date)*

### Credit Card Information

The following credit cards are accepted *(Check One)*: ☐ Visa  ☐ MasterCard  ☐ American Express

<table>
<thead>
<tr>
<th>Credit card number:</th>
<th>Expiration Date:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Cardholder’s name:</th>
<th>Card Verification Code</th>
<th>Credit Card Billing Zip Code:</th>
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*(as shown on credit card)  *(from credit card billing address)*

<table>
<thead>
<tr>
<th>Credit Card Billing Address:</th>
<th>Cardholder’s Phone Number:</th>
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<table>
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<tr>
<th>Cardholder’s signature:</th>
<th>Date:</th>
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</table>

☐ Notify me via email when my credit card is charged. **Email Address:** ____________________________