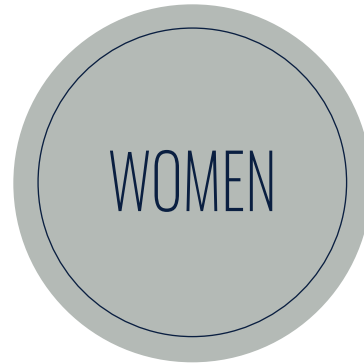


ADMISSION FORMS PACKET



TEEN CHALLENGE NORWESTCAL NEVADA

Administration Office
P.O. Box 24309
San Jose, California 95154-4309



ADMISSION FORMS CHECKLIST

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 sons 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: _____

EMERGENCY CONTACT INFORMATION

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: _____

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 EMERGENCY 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: _____

PARENTAL AUTHORIZATION FOR MEDICAL CARE



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

ACTIVITY AUTHORIZATION AND CONSENT



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

ATHLETICS RELEASE

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 its 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

TEMPORARY GUARDIANSHIP

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. Scott Nessel 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. Scott Nessel 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

REPORTING CHILD ABUSE OR NEGLECT

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

MEDICATION AUTHORIZATION AND CONSENT



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

MEDICAL PROVIDER AUTHORIZATION & CONSENT



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

MEDICAL EXAMINATION FORM

Upon examination of _____, I have found him/her, in my medical opinion, to be free from communicable disease including:

Vdrl Tuberculosis Hepatitis HIV

I have found him/her, in my medical opinion, to be:

Physical Health Good Average Poor

Mental Health Good Average Poor

Emotional Health Good Average Poor

Handicaps (Physical, Mental, Emotional): _____

Specific Treatment: _____

Drug Allergies: _____

Pregnancy (for women): _____

Medications currently prescribed: _____

In my opinion, this person is stable enough physically, mentally, and emotionally to participate in a long-term group program involving training, education, taking of responsibilities, and strict routines to help produce a well-balanced and self-disciplined life.

Note: Please submit test results with this form or send them directly to the program via fax: (408) 703-2002 or email to: intake@teenchallenge.net for the prospective student's file.

Physicians Printed Name

Date

Physicians Signature

Phone Number

Address

City, State, Zip Code

ATTENTION PROSPECTIVE STUDENT
Incomplete testing will delay the processing of your application.

SAFETY PROVISIONS & PARENT AUTHORIZATION

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 Name (printed)

Spouse's Name (printed)

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

LEGAL RELEASE FORM

Both parent and student must initial after reading each point

_____ I understand that my life story may be used to help promote the program of Teen Challenge. This Will involve times of public speaking at churches, civic groups and organizations. It may also involve my picture being used in a brochure.

_____ It is hereby understood that Teen Challenge of Nevada Inc., cannot be held responsible for any personal property left, lost or stolen while in the Teen Challenge program. When leaving Teen Challenge of Nevada, Inc., I will take all personal property with me.

_____ It is further understood that I release the right to Teen Challenge of Nevada, Inc. to room searches and a physical search if need be. I release Teen Challenge of Nevada, Inc. from all responsibility, both physical and financial, in the case of accident, injury, illness or other imponderable misfortune.

_____ I give Teen Challenge of Nevada, Inc. permission to open both incoming and outgoing mail to check for drugs or anything that might be harmful to the welfare of the program and the students. I also give permission for Teen Challenge staff to monitor incoming and outgoing telephone conversations.

_____ It is also hereby understood that a medical examination or a blood test will be taken at the discretion of the director. All necessary medical and dental expenses are NOT the responsibility of Teen Challenge of Nevada, Inc., but of the parent or legal guardian.

_____ Expenses incurred for repair of property damaged by students are the responsibility of the parents or legal guardians.

_____ Upon graduation or termination of the program, I understand that no transcripts will be released unless all outstanding debts have been paid in full.

Student's Signature: _____ Date: _____

Parent/Legal Guardian's Signature: _____ 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

CIVIL RIGHTS WAIVER ACKNOWLEDGEMENT

I, _____, understand that I have civil rights guaranteeing confidential communications by phone and mail, as well as exercising the religion of my choice. Teen Challenge is an evangelical Christian discipleship program for people with life-controlling problems. As such, I realize and submit to the ministry's expectations to attend Christian religious activities coordinated by the ministry. Further, for reasons of assisting me in dealing with my life-controlling problems, I understand staff will regulate and monitor my communication for a period of time determined by the staff.

I voluntarily give my consent allowing staff to exercise these procedures.

I fully understand my rights and what I am waiving.

Parent/Legal Guardian's Signature: _____ 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

PARENT OBLIGATIONS AGREEMENT

I acknowledge that my support of my child, _____, in the Teen Challenge program is instrumental in their ability to be successful in their own recovery. I agree to follow through with these requirements I've initialed below and to help my child abide by the expectations of Teen Challenge.

- ___ I have received and will read the **Student Manual** within one week from today.
- ___ I have received and will read the **Parent Manual** within one week from today.
- ___ I will read the book **Not By Chance** by Tim R. Thayne within 30 days from today.
- ___ I will read the book **Boundaries** by Townsend & Cloud within the first 6 months my child is in Teen Challenge.
- ___ I will be available for a weekly call with my child as scheduled.
- ___ I commit to planning and showing up to the center to pick up my child for a minimum of one 24-hour pass, one 4th-level pass (48 or 96 hours) and the 8-day Christmas pass as scheduled by the center. The Christmas pass is recommended not to occur in the home, instead the family should plan a trip on the road or with out-of-town relatives or friends.
- ___ I understand that Teen challenge staff will contact me monthly via email with a report on my child's progress.
- ___ I understand that the Teen Challenge staff or director will respond to my concerns or questions within 72 hours of the time I contact them by phone or email.
- ___ I understand that I need to respond to requests from Teen Challenge staff within 72 hours when called or emailed with a request.
- ___ I agree to support my child's full completion of the program and not entertain pulling them from the program early.
- ___ I agree to not reveal visit and pass dates with my child ahead of time as this can lead to self sabotage and negative behaviors leading up to those dates.

Parent Signature

Date

THIS AGREEMENT, dated _____ is by and between Teen Challenge of Nevada, Inc., “Center” and _____, “Parent(s)/Legal Guardian(s)”, of _____ “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 assessed 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

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: \$3,950.00 *	Clothing Fee: \$900.00
Last Month's Tuition: \$3,950.00 *	Student Commissary Fund: \$100.00
Damage Deposit: \$300.00	Medical Commissary Fund: (3 months costs prepaid)
Return Fare Deposit: \$200.00	
Education Fee: \$500.00	* 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 & FINANCIAL POLICY AGREEMENT



State of Nevada

County of _____

This instrument was acknowledged before me on _____

by _____

(Notary Stamp)

(Signature of notarial officer)

AUTOMATIC CREDIT CARD BILLING AUTHORIZATION

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

Student's Name: _____

Enrollment Date: _____

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

Credit card number: _____

Expiration Date: _____

Cardholder's name: _____

Card Verification Code _____

Credit Card Billing Zip Code: _____

(as shown on credit card)

(from credit card billing address)

Credit Card Billing Address: _____

Cardholder's Phone Number: _____

Cardholder's signature: _____

Date: _____

Notify me via email when my credit card is charged. Email Address: _____