

## Pre-Entry Check List

All items below must be completed and received by us before an entry date will be set. **(No exceptions!)**  
Please complete and return this form along with your other documents.

1. \_\_\_\_\_ \*Physical – Have the physician fill out the enclosed Physical Exam form. Be sure to include required test results and date of last Tetanus shot or booster. **Do not complete this item until given an entry date.** Arkansas licensing requirements do not allow us to accept any physical exam completed more than 30 days prior to a student's entrance into the program.
2. \_\_\_\_\_ \*School Records - Please use the enclosed form to obtain these records from your child's school.
3. \_\_\_\_\_ Copy of Immunization Records
4. \_\_\_\_\_ Copy of both sides of medical insurance cards with group and individual policy numbers
5. \_\_\_\_\_ Copy of Birth Certificate
6. \_\_\_\_\_ Copy of Student's Social Security Card
7. \_\_\_\_\_ Copy of Court and legal documents including court orders, divorce decrees, and custody agreements.
8. \_\_\_\_\_ Counselor and/or Psychiatric reports (if applicable)
9. \_\_\_\_\_ Medication Instructions - These instructions need to state (a) what medications the child is on, (b) the prescribed dosage and schedule, and (c) the purpose of the medication. If a child is to be weaned off of medication while at Teen Challenge, the physician should provide written instructions as to the process and schedule.
10. \_\_\_\_\_ \$500 Entrance Fee - **Do not send this fee until given an entry date.**
11. \_\_\_\_\_ First month's tuition - **Do not send tuition until given an entry date.**
12. \_\_\_\_\_ \*Automatic Draft Form with attached voided check
13. \_\_\_\_\_ \*Christian Conciliation and Arbitration Agreement
14. \_\_\_\_\_ \*Authorization and Release Form
15. \_\_\_\_\_ \*Student Sizes and Bedding Form
16. \_\_\_\_\_ \*Reconnect Weekend Agreement
17. \_\_\_\_\_ Forms from the Financial Assistance Packet (if applicable) such as: Sallie Mae loan application, Scholarship donor forms, Financial Assistance Worksheet, etc.
18. \_\_\_\_\_ State issued photo ID (recommended).

**\*These forms are enclosed in this packet.**

**\*\* Note that there is blood work that  
Must be drawn\*\***

## Physical Exam

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Height	Weight	Temperature	Pulse	Respirations	Blood Pressure

System	Normal	Abnormal (Fill if any findings)
HEENT		
Chest		
Heart		
GI		
GU		
Musculoskeletal		
Neuro		
Other		

**\*\*Test Results (Required)\*\*                      \*\*Copy of lab results is required.**

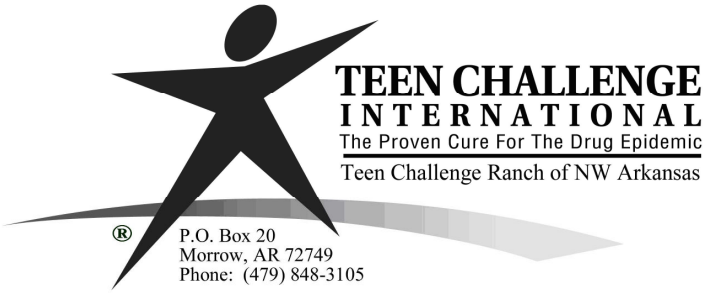
**HIV:** \_\_\_\_\_                      **TB:** \_\_\_\_\_                      **Hepatitis:** A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_

Date of last tetanus: \_\_\_\_\_ (Must be current. The booster is required every 10 yrs.)

Comments: \_\_\_\_\_

I have examined the above named patient and certify that he is physically able to participate in rigorous exercise, work, and recreational activities. In my opinion, he is stable enough physically, mentally, and emotionally to participate in a program involving schooling, sports, daily chores, and strict discipline.

Physician Signature: X \_\_\_\_\_



\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

The above listed student is now enrolled in Teen Challenge Ranch of NW Arkansas' Private School. Please send **cumulative** records and complete transcript of the grades and credits earned while this student attended your school including grades to date of withdrawal. Also, please include any health records, psychological testing, special education testing, disciplinary reports, and test scores available.

Sincerely,

\_\_\_\_\_  
Director of Education/ Intake Director

\_\_\_\_\_  
Date

---

I hereby authorize the release of school records for the above named student to the Teen Challenge Ranch of NW Arkansas.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature (if over 18 years of age)

\_\_\_\_\_  
Date

Former School: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

The final regulations of the Family Education Rights and Privacy Act ( as amended on June 17, 1976) allow Education institutions to transfer records **without written consent** – to another school system in which the student intends to enroll.

## AUTOMATIC DRAFT FORM Authorization Agreement

I (we) hereby authorize **Teen Challenge Ranch of NW Arkansas**, hereinafter called COMPANY, to initiate credit/debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit/debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

### PRIMARY ACCOUNT:

\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Routing Number)

\_\_\_\_\_  
(Account Number)

Type of Acct: \_\_\_ Checking \_\_\_ Savings

### SECOND ACCOUNT:

\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Routing Number)

\_\_\_\_\_  
(Account Number)

Type of Acct: \_\_\_ Checking \_\_\_ Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print Individual Name)

\_\_\_\_\_  
(Print Individual ID Number)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM**

TEEN CHALLENGE  
CHRISTIAN CONCILIATION AND ARBITRATION AGREEMENT

The undersigned parties enter into this Agreement as an essential condition of participation in the Teen Challenge program.

The undersigned parties accept the Bible as the inspired word of God. They believe that God desires that they resolved their dispute with one another within the Church and that they be reconciled in their relationships in accordance with the principles stated in 1 Corinthians 6:1-8, Matthew 5:23-24, and Matthew 18: 15-20.

Accordingly, the undersigned parties hereby agree that, if any dispute or controversy that arises out of or is related to this agreement is not resolved in private meetings between the parties pursuant to Matthew 5:23-24 and 18:15, then the dispute or controversy will be settled by biblically based mediation and, if necessary, legally binding arbitration, in accordance with the *Rules of Procedure for Christian Conciliation* (Rules) of the Association of Christian Conciliation Services (current Rules attached and incorporated by this reference). The undersigned parties agree that these methods shall be the sole remedy for any dispute or controversy between them and, to the full extent permitted by applicable law, expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce arbitration decision, or to enforce this dispute resolution agreement. Any mediated settlement agreement, or arbitrated decision hereunder shall be final and binding, and fully enforceable according to its terms in any court of competent jurisdiction.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

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

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

Address \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Facility Director or Designee

\_\_\_\_\_  
Date

## Authorization and Release

**TO:** TEEN CHALLENGE RANCH OF NORTHWEST ARKANSAS  
PO BOX 20  
MORROW, AR 72749

**RE:** \_\_\_\_\_, hereinafter called "the Minor."

I/We being the parent(s), guardian(s) or conservator (s) of the Minor, hereby agree (s) that Teen Challenge Ranch of Northwest Arkansas (hereinafter called "the Ranch") may assume physical custody and control of the Minor. The Ranch shall have and is hereby granted full power and authorization to house, educate, obtain medical, psychological and/or psychiatric treatment, and other care for the Minor for and during the time the Minor is in the custody and control of the Ranch.

I/We hereby assume and agree to pay all costs and expenses incurred by the Ranch in obtaining medical, psychological, and/or psychiatric treatment, and other care for the Minor. I/We also agree to contribute \$\_\_\_\_\_ per month in tuition for the support and care of the Minor while the Minor is in the care and custody of the Ranch. Said tuition shall not be prorated if the Minor is in the custody and care of the Ranch for less than thirty (30) days in any particular month. I/We also agree to reimburse the Ranch for any and all claims, damages, miscellaneous expenses, or transportation costs incurred and for any penalties or fees associated with the minor. I/We agree to pay such costs, expenses, tuition, and fees promptly upon being billed therefor by the Ranch. I/We authorize the Ranch to obtain payment for the above costs, expenses, tuition, and fees from my/our credit card, or from my/our bank account via automatic draft or electronic funds transfer.

I/We hereby release and forever discharge, and I/We agree to hold, save and indemnify, the Ranch, its directors, officers, agents and employees of, from and against any and all liability of whatever kind, character and nature that may arise out of, relate to, or result from the Ranch's custody and care of the Minor.

I/We agree that the Ranch may terminate the Minor's enrollment at the Ranch at any time for any reason, or without reason, at any time. I/We agree to remove the Minor from the Ranch immediately upon the Ranch's request to do so. I/We also authorize the Ranch to place the minor on a bus or other transportation, and to send him home. I/We also relieve the Ranch of all responsibility for his safe arrival, and understand that I/we will be responsible for meeting him at his destination.

I/We release and discharge the Ranch from any responsibility for the Minor's personal belongings that are damaged, lost, stolen, while the Minor is at the Ranch, and/or left behind after the Minor leaves the Ranch. I/We further understand that any items left behind by the minor after he is discharged or withdraws from the Ranch maybe immediately sold, discarded, given away, or donated to charity and will not be stored for the minor or forwarded (shipped) to any address.

I/We understand and agree that numerous trips may be made from time to time to churches, museums, recreational and other areas selected as suitable for the Minor in the sole discretion of the Ranch. I/We hereby consent to the Minor taking such trips which may be either within or outside of the State of Arkansas.

(Continued on Next Page)

I/We authorize the Ranch to use the Minor's testimony/life story for promotional purposes and without any liability to the Minor or me/us. This may involve, but is not limited to: media presentations, public speaking and testimonies, articles, and appeal letters. I/We also understand that photographs of the Minor may be used for promotional purposes and may be published in various forms of literature and media pertaining to the Ranch's operations.

Pursuant to this Authorization and Release, the Ranch, its agents and employees shall have authority to make decisions for the healthcare and welfare of the Minor that I/We could make for the Minor, provided, however, that nothing contained herein shall relieve or release, or be deemed to release, me/us (or either of us) from any of my/our duties and responsibility to or for the Minor.

A copy of this Authorization and Release may be treated as the original thereof.

Date: \_\_\_\_\_ Signature: X \_\_\_\_\_

Date: \_\_\_\_\_ Signature: X \_\_\_\_\_

State of \_\_\_\_\_ )  
 )ss  
County of \_\_\_\_\_ )

On this day before the undersigned, a Notary Public, duly qualified and acting in and for the county and state aforesaid, personally appeared \_\_\_\_\_, to me reasonably known, or reasonably proven, to be the person whose name appears in the within and foregoing Authorization and Release, and stated that he executed the same for the consideration, uses and purposes therein stated.

**IN WITNESS WHEREOF**, I have hereunto set my hand and seal on this the day of \_\_\_\_\_, 200\_\_.

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_  
(SEAL)

## **Student Sizes and Bedding**

### **Student Sizes**

Teen Challenge does not allow students to wear clothing that is baggy or tight. Please fill in the student's actual size.

Shirt size: \_\_\_\_\_

Neck size: \_\_\_\_\_

Pant size: waist \_\_\_\_\_

length \_\_\_\_\_

Shoe size: \_\_\_\_\_

### **Bedding Option (Pick One)**

I will provide bedding for my child

Teen Challenge will provide bedding for my child (Additional fee of \$75)

## Reconnect Weekend Agreement

Please initial each statement and sign at the bottom.

\_\_\_\_\_ I (we) agree that it is vital to the restoration of our family for my child to be visited on the prescheduled and designated weekends, referred to hereafter as Reconnect Weekend.

\_\_\_\_\_ The dates for the Reconnect Weekends will be given to me (us) upon my (our) son's entry into the program.

\_\_\_\_\_ I (we) further acknowledge that I (we) will be charged \$125 per parent/guardian regardless if I (we) attend the scheduled Reconnect Weekends or not.

\_\_\_\_\_ I (we) understand that the focus of the Reconnect Weekend is on the parent/child bond and therefore **only** parents/guardians may attend the Reconnect Weekend.

\_\_\_\_\_ I (we) understand that our son must return home with us for the quarterly break proceeding the Reconnect Weekend.

\_\_\_\_\_ I (we) have read over the Reconnect Weekend Policy Statement and agree to abide by it

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Printed Name

## **What You Should Bring:**

- Bedding (if not provided by Teen Challenge for fee) -This includes the following:
  - two (2) sets of sheets and pillowcases.
  - 1 pillow
  - 1 blanket or comforter (twin size)

## **Teen Challenge will provide:**

- 4 uniform pants
- 4 uniform shirts 1 belt
- 1 pair of flip/flops
- 1 gray sweat shirt
- 1 gray sweat pants
- 4 pairs of socks
- 4 pairs of boxer briefs
- 4 White undershirts
- 1 set of long/thermal underwear
- 1 Coat
- 1 pair of gloves
- Personal hygiene items
- 2 towels
- 2 washcloths
- 1 pair dress shoes
- 1 athletic shoes
- 1 work shoes-steel toed
- 1 pair dress pants
- 1 pair white button-down dress shirt
- 1 tie
- 1 dress belt