



Student Entry Application

*A **\$35 non-refundable application fee** must be submitted with this application before it will be considered.*

Date: _____

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____

Date of Birth: _____ Age: _____

Nationality: _____

Student's Social Security Number: _____

Student's Driver's License: State: _____ Number: _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____

Scars or Tattoos / Other Distinguishing marks (describe): _____

Last grade completed: _____ Name and **number** of School: _____

Address: _____

City: _____ Zip: _____

Special abilities or training: _____

Attach
Current
Photo

Academic History

1. School Name: _____
Contact Person: _____
Mailing Address: _____

Phone Number: _____

2. School Name: _____
Contact Person: _____
Mailing Address: _____

Phone Number: _____

3. School Name: _____
Contact Person: _____
Mailing Address: _____

Phone Number: _____

4. School Name: _____
Contact Person: _____
Mailing Address: _____

Phone Number: _____

5. School Name: _____
Contact Person: _____
Mailing Address: _____

Phone Number: _____

If your son has ever been tested for learning disabilities or has had any psychological testing through the school, please have copies of each prepared to send to us if he is accepted.

General Questions

To be completed by the parent/guardian.

1. Do you now or have you ever known any student of Teen Challenge Ranch of NW Arkansas?
_____ If yes, please explain.

2. Is the applicant fluent in any languages other than English? _____ If so, what languages?

3. Does the applicant have any brothers or sisters? List names and ages.

4. Has the applicant been raised by anyone other than his parents? If yes, please explain.

5. Has there been a death of a friend or relative in the past year? If yes, please explain.

6. Has the applicant been physically, sexually, or emotionally abused? If yes, please explain.

7. Is the applicant now or has the applicant ever been suicidal? If yes, please explain.

8. Does the applicant have homosexual tendencies?

Legal Status/History

1. Has the applicant ever been arrested? _____ If yes, please give details of the following:

Convictions: _____

Charges Pending: _____

Court Date: _____ Place: _____

2. Is the applicant on probation? _____

Probation Officer's Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Extension: _____

Health Questions

To be completed by the parent/guardian.

1. Does the applicant have any physical limitations that would hinder him from participating in rigorous work or recreational activities? If yes, please explain

2. Does the applicant currently have any of the following diseases? Check all that apply.
 - Gonorrhea
 - Syphilis
 - Herpes
 - Tuberculosis
 - Hepatitis A, B, or C
 - Other (please explain): _____

3. Is the applicant HIV positive?

4. Is the applicant currently undergoing medical treatment? Please explain.

5. Is the applicant currently or has the applicant ever undergone psychiatric treatment? If yes, please list diagnosis and medications prescribed. **Please** include a statement from prescribing physician regarding diagnosis, medication, and weaning guidelines (how and what to expect) if currently on medications.

6. Is the applicant presently taking any medication? Please list all current **medications** and their **purpose**.

7. Is the applicant allergic to any type of **medication or food**? If yes, please list them below.

Treatment History

Please list any types of treatment that the applicant has been involved with including but not limited to previous programs, counselors/psychologists, psychiatrists, hospitalizations, etc. **Make copies of this page as needed.**

Agency or Program: _____ Physician, Counselor, or Contact _____

Address: _____

City: _____ Zip: _____ Phone: _____

Diagnosis: _____

Type of Treatment (Choose one)

- Inpatient Rehab Group Individual Counseling Other: _____
 Outpatient Counseling Residential placement

Dates and length of Treatment: _____

Medications Prescribed: _____

Treatment Outcome: _____

Agency or Program: _____ Physician, Counselor, or Contact _____

Address: _____

City: _____ Zip: _____ Phone: _____

Diagnosis: _____

Type of Treatment (Choose one)

- Inpatient Rehab Group Individual Counseling Other: _____
 Outpatient Counseling Residential placement

Dates and length of Treatment: _____

Medications Prescribed: _____

Treatment Outcome: _____

Copy this Page as Needed

Parent/Guardian Report

This section must be filled out by the legal guardian.

1. Who is the contact in case of emergency (Must be legal guardian)? _____

Mother's Information

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Pager: (____) _____

E-mail: _____ Occupation: _____

Social Security Number: _____

Does the mother have custody? _____

Does the mother have visitation and contact rights? _____

Marital Status: Single Married ___# of years Separated Divorced ___# of times Remarried

Father's Information

Name: _____ Date of Birth: _____

Address (if different from above): _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Pager: (____) _____

E-mail: _____ Occupation: _____

Social Security Number: _____

Does the father have custody? _____

Does the father have visitation and contact rights? _____

Marital Status: Single Married ___# of years Separated Divorced ___# of times Remarried

Legal Guardian's Information - if different from previous

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Pager: (____) _____

E-mail: _____ Occupation: _____

Marital Status:

Single Married ___# of years Separated Divorced ___# of times Remarried

Relationship to Child (*Example: Step Parent, Grandparent, Other*): _____

Please briefly explain the circumstances under which you gained custody:

Religious Questions

24. Do you believe that God exists?

25. What do you believe about God?

26. Do you believe Jesus Christ is the Son of God?

27. What is the purpose of prayer?

28. Do you pray? If so how often?

29. What is the purpose of the Bible?

30. What do you believe about life after death?

31. What do you believe about the devil?

32. What is sin?

33. What is your religious/denominational preference? _____

34. Do you attend church regularly? _____ Does your family attend regularly? _____

If yes to either question, what is the name of the church? _____

How many times a month do you attend on average? _____

Tuition and Fees

*This page is to be completed by the legal guardian of the applicant.
Please initial by each fee indicating that you read and understand it.*

Application Fee - \$35 This amount must be received before the application will be considered. This fee is non-refundable.

Entrance Fee - \$500. This fee is due prior to a student's entrance into the program and is nonrefundable.

Tuition - \$1500 per month. This fee includes, room, board, and regular curriculum expenses associated with the academic and discipleship programs. With the exception of the second month's tuition, this fee shall not be prorated if the student is in the care of Teen Challenge for less than thirty (30) days in any particular month. A full month's tuition is due prior to a student's entrance into the program. Tuition shall be considered due the first of each month thereafter. Except in certain situations wherein tuition has been pre-paid more than one month in advance, all tuition payments shall be considered non-refundable.

Discounts for Prepayment of tuition

Parents/Guardians who wish to pay tuition in advance shall receive a discount on their child's tuition.* In the event that a child should leave the program early, any unused funds will be refunded to the parent(s)/guardian(s) minus any discounts that may have been previously applied.

3 Month Pre-Payment Discount – 5%

Parents/Guardians that pay for 3 full months of tuition in advance shall receive a 5% discount. This is a savings of \$75 per month or \$225 for the 3 month period.

Full Term Pre-Payment Discount – 10%

Parents/Guardians that pay for the full 14 months of tuition in advance shall receive a 10% discount. This is a savings of \$150 per month or \$2100 for the entire 14 month period. If a child requires additional time beyond the 14 months to complete his work at Teen Challenge, the parents/guardians shall be billed at the discounted rate on a monthly basis until that child completes Teen Challenge.

**Scholarship and special assistance recipients shall not be eligible for the prepayment discounts.*

Requirement of Notice for Early Withdrawal from Teen Challenge

Teen Challenge requires that parent(s)/guardian(s) notify Teen Challenge of their intent to withdraw their child from the program at least 15 days prior to the first of the month in order to avoid being charged for the next month's tuition. Parents/guardians who pull their child from the program without sufficient notice shall be required to pay for the next month's tuition.

Reconnect Weekend - \$150. Teen Challenge offers family "Reconnect Weekends" three times per year. It is required that parents/guardians attend these weekends. The cost for each weekend is \$150 per person. Meals and housing are provided at each of the weekends;

however, parents/guardians are responsible for their own transportation costs.

_____ **Transportation Charges** - 50 cents per mile (\$20 minimum) to and from Teen Challenge for all transportation of students which is not directly related to normal program activities. Examples of trips wherein a fee will be charged include: doctor visits, dentist appointments, transportation to airports or bus stations, etc..

_____ **Re-issuing of Curriculum** - Students shall be held responsible for texts and workbooks given them. In the event that a student loses or destroys a text or workbook, or is found cheating in a workbook, or fails a section of his coursework and must be reissued a workbook, that student will be charged the cost of the text or \$4 for the workbook. The student himself is normally held responsible for this fee. It is usually debited from his personal allowance and/or personal funds and not charged to the parent/guardian.

_____ **Shipping Fees** - Parent(s)/Guardians(s) shall be responsible to pay a \$20 handling fee plus the actual cost for shipping on any items requiring shipment from Teen Challenge. This fee must be paid in advance (prior to the shipment of any items).

_____ **Expenses incurred by Teen Challenge on behalf of the student** - Parents/guardians must pay all costs and expenses incurred by Teen Challenge in obtaining medical, psychological, and/or psychiatric treatment, and other care for the Minor. They must also reimburse Teen Challenge for any and all claims, damages, miscellaneous expenses, or transportation costs incurred and for any penalties or fees associated with the minor.

_____ **Delinquent Accounts** – It is the policy of Teen Challenge not to ship items, release grades, or release records to parent(s)/guardian(s) or other agencies unless that student's account has been paid in full.

_____ **Options**

Please check one of the following options and return this page with the completed application:

_____ I will be paying \$1500 per month and do not need a financial assistance packet. **(This amount will be deducted from your credit card or bank account each month.)**

_____ I will be paying the full 14 months of tuition at one time for a 10% discount

_____ I will be paying 3 months (or quarterly) tuition at a time for the 5% discount

_____ I am unable to pay the \$1500 per month and need a financial assistance packet sent to me. (If checked, please send financial documents including current pay stubs and most recent tax return.)

*All fees and tuition payments are **non-refundable**.