

TEEN CHALLENGE OF MISSOURI BOARDING ACADEMY

PO Box 80
Greenville, MO 63944-0080
(573)856-4966 Fax (573)856-4968

Girl's Application

CONFIDENTIAL: FOR PARENTS / GUARDIANS

GIVING TEENS A NEW OPPORTUNITY FOR CHANGE

Change the heart, and you will change the person!

Thank you for considering TCMBA for this very important time in your child's life. Enclosed is the necessary paperwork for application and enrollment in the TCMBA program. All documents must be completed honestly and completely in order for your child to be enrolled in the TCMBA program.

New enrollment is on a first come first served basis. From the time of the initial phone interview to receiving your application, we may receive other completed applications, which could possibly affect your enrollment date. You must call weekly once you begin the process of enrollment for an update on your child's status.

Each student must have a complete physical prior to entering the program (a current physical [within twelve {12} weeks of enrollment] is acceptable if it meets the required information). A complete physical must include the following:

HIV and VDRL Tests

TB Test

Hepatitis C Test

Pregnancy Test

All necessary dental work are to be done prior to the entrance date. Once enrolled, TCMBA will arrange dental appointments for emergency cases only.

Eye examinations should be done prior to enrollment. TCMBA does not take students for eye exams; they must be done before entering the program or on pass.

Academics: Please contact your child's school prior to enrollment with TCMBA and withdraw her from school. Let her school know she is being placed in a private boarding academy, and TCMBA will be contacting them soon for her transcripts.

***IMPORTANT:** Potential students should not know the name or location of the academy in advance of placement. We recommend you tell your child she is being enrolled in a private christian boarding school. Students must be made aware they are being enrolled at TCMBA at least 24 hours before intake and also be aware that the program is a minimum 15 months. We will not accept students who have not been properly informed.*

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Student Information:

Name: _____ Age: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ S.S.# _____
Weight: _____ Height: _____ Hair Color: _____ Eye Color: _____

Parent/Guardian Information:

Name of mother: _____
(Stepfather if applicable): _____
Address: _____
City: _____ State: _____ Zip: _____

Home telephone: _____
Work telephone: _____
Cell phone: _____
Pager: _____
Fax number: _____
E-mail address: _____

Name of father: _____
(Stepmother if applicable): _____
Address: _____
City: _____ State: _____ Zip: _____

Home telephone: _____
Work telephone: _____
Cell phone: _____
Pager: _____
Fax number: _____
E-mail address: _____

Emergency Information (other than parent/guardian):

Name: _____ Relationship: _____
Home telephone: _____ Work # _____
Cell phone: _____ Pager# _____

Family History:

Father's name: _____

Occupation: _____

Employer: _____

Mother's name: _____

Occupation: _____

Employer: _____

List brothers and sisters:

Name	Relationship	Age	Live at home? Y or N

Describe fully and specifically behaviors, or other reasons, that has caused you to want to place your daughter in Teen Challenge: _____

When did these activities begin occurring? _____

Comment on any factors that may have influenced problems with your child. Please be specific and frank: _____

If you have been divorced, please describe the dynamics that may have had an impact on your child:

Describe the present condition of your marriage: _____

Has she ever accused a close family member of abuse? Yes No If yes, who, when and what was done about it: _____

If divorced, describe your daughter's relationship with her step parents _____

Has either parent undergone any psychiatric or psychological counseling? Yes No
If so, which parent(s)? _____
Dates: _____
Diagnosis: _____
Treatment results: _____

Have any of your other children undergone psychiatric treatment or psychological counseling? If so, who? _____
Dates: _____
Diagnosis: _____
Treatment results: _____

Will she be restricted from communication or visitation with a parent? _____ If so, please describe relevant particulars and provide the appropriate documentation:

In your opinion, is she suicidal? _____ Describe any suicide threats or attempts (what happened and when?): _____

If police or other authorities were involved, what was the result? Include any reports or findings:

Has she ever cut herself? Yes No If yes, please describe the circumstances in detail, the number of times it has happened, the date(s) it has occurred and include any police or hospital reports and necessary medical treatment that was required: _____

Has she ever affiliated herself with the occult or witchcraft? Yes No

If yes, describe her activity and when it began: _____

Has she ever experimented with or have friends who are involved in same sex relationships? If so, please describe her involvement and when it began: _____

List 3 or more goals you have pertaining to your child's stay at Teen Challenge _____

What are your plans for your child if she is dismissed or leaves Teen Challenge? _____

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.

Agency or Program: _____
Physician, Counselor or Contact: _____
Address: _____
City: _____ State: _____ Zip _____
Telephone: _____ Fax: _____
Diagnosis: _____

Type of Treatment (choose one):

<input type="checkbox"/> Inpatient	<input type="checkbox"/> Individual Counseling
<input type="checkbox"/> Outpatient	<input type="checkbox"/> Residential Placement
<input type="checkbox"/> Rehab	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Group Counseling	

Date and length of treatment: _____
Medications prescribed: _____
Treatment outcome: _____

Agency or Program: _____
Physician, Counselor or Contact: _____
Address: _____
City: _____ State: _____ Zip _____
Telephone: _____ Fax: _____
Diagnosis: _____

Type of Treatment (choose one):

<input type="checkbox"/> Inpatient	<input type="checkbox"/> Individual Counseling
<input type="checkbox"/> Outpatient	<input type="checkbox"/> Residential Placement
<input type="checkbox"/> Rehab	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Group Counseling	

Date and length of treatment: _____
Medications prescribed: _____
Treatment outcome: _____

(COPY THIS PAGE AS NEEDED)

STUDENT PROFILE

Check "all" that apply and indicate whether *moderate* or *severe* where appropriate.

Substance abuse: ___ Drugs ___ Alcohol

Severe family conflicts with: ___ Mother ___ Father ___ Stepparent(s)

Excessive attention seeking:

___ Demands center of attention with: speech, dress, behavior, appearance

___ Sexually seductive ___ Other: _____

Self-destructive:

___ Suicide attempts ___ Suicide threats ___ Other: _____

Behavior problems:

___ Loses temper, throws temper tantrums

___ Argumentative, refuses to comply with adult's requests

___ Blames others, or circumstances for mistakes or misbehavior

___ Deliberately annoys others

___ Often angry

___ Manipulative, demanding

___ Resentful, spiteful

Depression: ___ Major ___ Mild

Attention deficit: ___ Inattentive ___ Hyper ___ Impulsive

Aggressive behavior: ___ Bullies, threatens, intimidates: verbally, physically
___ Violates rights of others

Negative self-image:

___ Expresses hopelessness, lack of future, no one loves or likes her

___ No expectations of making friends

Runs-a-way: ___ Incidental – short periods, stays with known friends

___ Chronic/gone for long periods, associates w/persons involved w/deviant behavior

Promiscuity: ___ Infrequent, casual ___ Long history ___ Many different partners

___ Much older, different race partners

Reliability: ___ Lies, deceitful ___ Not trustworthy ___ Dishonest, steals

Abuse victim: ___ Verbal, emotional ___ Sexual rape or molestation

Other (please describe): _____

Student Personal Data:

Has the applicant ever been pregnant before? ____ If yes, what was the result of the pregnancy:

Does she or has she ever had any communicable diseases? ____ If yes, please explain:

Has the applicant experimented with drugs or alcohol? ____ If yes, please check off all that apply:
____ Alcohol ____ Methamphetamines ____ Barbiturates ____ Crack
____ Cocaine ____ Crank ____ Ecstasy ____ Freon ____ Glue ____ Heroin
____ Hallucinogenic ____ Opium ____ Marijuana

Has there been a death of a friend or relative in the past 2 years? ____ If yes, please explain:

Legal History:

Has the applicant ever been arrested or investigated by law enforcement or have a police record?
____ If yes, please explain:

Is the applicant on probation? ? Yes No

Probation officer's name: _____
Telephone: _____
Address: _____

Has the applicant or any other member of your family been involved/supervised by a social service agency such as Dept. of Children & Families? If yes, please explain: _____

Academic History:

Last grade completed: _____ GPA _____
Reading skills level: _____ good _____ average _____ poor
Writing skills level: _____ good _____ average _____ poor

Does she have any learning disabilities of any kind, or has she been placed in special education programs etc.? If so, or if she is more than one grade behind in school, please explain what sort of problem she has, and provide copies of school counseling reports or school psychological information you may have.

Student Record Release

To Releasing School Counselor:

Date: _____

School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Dear Counselor:

My child has been withdrawn from your school. Please release all academic and health records to the receiving school below. Please include her cumulative folder and any withdrawal grades.

TEEN CHALLENGE OF MISSOURI BOARDING ACADEMY
PO Box 80
Greenville, MO 63944

Note: According to the Final Regulations – Family Educational Rights and Privacy Act, (Buckley Amendment) Dated 6-17-76

Student Information:

Last Name: _____ First Name: _____ M.I. _____

Social Security No: _____ DOB: _____ Grade Level: _____

Signatures:

Signature of Requesting Parent/Guardian: _____

Signature of School Administrator: _____

Medical History:

Does she have or has she had any of the following (please check all that apply):

- | | | | |
|---|--|--|------------------------------------|
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> STD's | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> TB | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Frequent kidney infection | |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Back or neck injury | |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Leg or hip injury | <input type="checkbox"/> Sinus trouble | |
| <input type="checkbox"/> Severe or persistent headaches | <input type="checkbox"/> Asthma | | |

Is she taking any medications for anything? If so, please give details: _____

Does the applicant have any physical limitations that would hinder her from participating in rigorous exercise or recreational activities? If yes, please explain: _____

Is the applicant currently undergoing medical treatment? If yes, please explain: _____

Is she on a special diet? _____ If yes, was this prescribed by a Doctor?
Dr.'s name and phone number: _____

Reason: _____

Does she or has she ever had a problem with food or eating? _____ If yes, please explain: _____

Has she been diagnosed with an eating disorder, or treated by a physician? _____ If yes, Dr.'s name and phone number: _____

Reason: _____

List all past surgeries or hospitalizations (include dates): _____

Please provide any other pertinent information vital to this medical history: _____

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MEDICAL INSURANCE INFORMATION

Student's Full Name: _____

S.S.# _____ D.O.B. _____

Student's Current Address: _____

Person Providing Insurance: _____

Address: _____

D.O.B. _____

S.S.# _____

Name of Insurance Company: _____

Policy Number: _____

Physicians Name: _____

Billing Address for Insurance Company:

Telephone #: _(____)_____

Insurance Coverage Includes: _____ Medical

_____ Dental

_____ Optometrist

IMPORTANT INFORMATION FOR PARENT/GUARDIAN:

Prior to enrollment: Please contact your Insurance Company (i.e. medical, dental, etc.) to establish Providers in the Piedmont, MO area. For prescriptions, please call Wayne County Medical Pharmacy (573)223-4235 with a Visa or M/C to set up an account. TCMBA will not be responsible for making these changes.

If you do not have Medical Insurance for your child, you must bring an additional \$250.00 for her Student Account on the day of enrollment.

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CUSTODIAL REQUIREMENTS

TCMBA requires a copy of custodial documents for each student. Students will not be enrolled in the program without these papers. Please use the following as a guide:

MARRIED: Biological parents still married to each other and have custody.
(No papers required)

DIVORCED: Full custody to one parent. Copy of divorce decree required.
(Custodial parent must authorize all paperwork.)

DIVORCED: Physical custody to one parent with stipulation that both parents jointly make decisions regarding schooling and child's future needs. Copy of divorce decree required.
(Both parents must authorize paperwork.)

DIVORCED: Shared responsibility/joint custody. Copy of divorce decree required.
(Both parents must authorize all paperwork.)

GUARDIAN: Papers showing legal guardianship over student required.

The information we have will be kept confidential, except when necessary to share medical information with medical personnel or legal information with the courts. It is necessary for us to know who is the legal guardian at the time of induction so we can make the appropriate contact with the parent(s) or guardian.

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Admission Agreement:

I agree to provide the following information to enroll my daughter in the program:

Completed application packet with all notarized signatures
Complete medical history including results from current physical examination
Copy of Insurance cards
Copy of Birth Certificate
Copy of Social Security Card
Driver's license, picture I.D. or recent photo
Results of TB test
Immunization Shots Record
Results of HIV and VDRL tests
Results of Hepatitis C test

Please do **not** bring any of the following items to the Center:

Aerosol products, nail polish, **anything containing alcohol**
Hats, sunglasses, cigarettes, lighters, matches
Playing cards, books, journals, magazines, games, calendars, address books
Music tapes, CD's, radios or tape/CD players
Body and ear piercing is not acceptable at TCMBA and must be removed prior to admission.
Anything of personal value such as expensive jewelry or keepsakes.

TCMBA WILL NOT BE RESPONSIBLE FOR LOST OR STOLEN PROPERTY

TCMBA provides all reading materials for the students. If families would like to donate books, games, etc., please contact your Case Manager for approval prior to bringing them to the campus. Thank you.

I (we) hereby request that, _____, be
(Name of Student)
considered for admission to TCMBA Boarding Academy. I understand that any knowing misstatements made on any documents, or during admissions, may result in rejection of the applicant.

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date

Notary Public

Commission Expires

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PLACEMENT AGREEMENT

It is understood by the Second Party, parent/legal guardian, that in addition to providing room, board, and education of the child while in the program, TCMBA is primarily organized, as its program, to develop not only the physical, emotional, and academic qualities of the child, but her spiritual development as well. As for the other accommodations provided, the Second Party acknowledges by the signing of this agreement, that the said Second Party has been given a personal tour of the facility and has, by personal observation, been made aware of such accommodations that are not herein specifically listed.

Second Party voluntarily and unconditionally, without coercion or force, relinquishes and conveys the care, custody of said minor to TCMBA expressly appointing TCMBA as lawful attorney for said Second Party and in Second Party's name, place, and stead for and to serve on loco parents (in place of Second Party) of said child for her care, custody, safety, education, and training (both secular and religious) and for all other responsibilities, real or legal, including all necessities which TCMBA deems essential for the said child. This grant of custody and control shall commence upon the signing of this agreement, by the last party hereto and shall terminate as hereinafter provided.

TCMBA agrees to accept the care and control of said minor child while she is on the said property of TCMBA for the period and under the terms and conditions herein provided. Second Party agrees not to interfere with the custody or management of said minor in any way and shall not encourage anyone else to do so. Second Party also agrees to support TCMBA positively at all times.

Both TCMBA and Second Party understand and agree that (15) months is the minimum requirement for completion of the program and that time may be added if the need arises. However, failure of child to adjust or conform to the TCMBA program could result in termination of the agreement prior to the specified termination date and without prior notice to the Second Party.

TCMBA does not discriminate against those who are HIV+ in its admissions procedures. Second Party understands that TCMBA is not a medical care facility and is unable to provide 24 hours on-site medical supervision. Therefore, all students entering the program must be in good health and able to participate in all activities in the program.

Second Party further agrees that cooperation with Teen Challenge, not only in monthly financial support, but also in the personal participation of passes, parent meetings, etc. is essential to the success of the attempt by both the Second Party and TCMBA to rehabilitate the minor child.

Second Party acknowledges that TCMBA accepts students at the ages of 16 and 17 that may not complete the program prior to their 18th birthday. TCMBA and Second Party acknowledge

students will be allowed to participate and complete the entire program after their 18th birthday, if necessary.

Except as hereinafter specifically provided and except for a possible renewal or extension of the same, this contract will terminate on the _____ day of _____, 20____. Notwithstanding anything herein contained to the contrary, however, violation by the Second Party of any of the above terms and conditions shall entitle TCMBA to terminate this agreement prior to the specified termination date and without prior notice to the Second Party.

This contract made and entered this day by and between Teen Challenge of Missouri Boarding Academy, engaged in the care of minor children in a Christian Boarding School and _____, parent(s)/legal guardian(s) of _____, (the child) whose address is: _____

IN WITNESS THEREOF, the undersigned have read and agree with the above contract between the Second Party and Teen Challenge.

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date

Notary Public

Commission Expires

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FINANCIAL AGREEMENT

The Second Party, parent/legal guardian, covenants and agrees to assist in the support of said minor child while in the custody of TCMBA through tuition in the sum of \$2,000.00 each month. The first such payments being due on the day of enrollment, and with subsequent payments being due on the like day each month, thereafter as long as this agreement is in effect.

TCMBA collects the school curriculum fee of \$450.00 at the time of admission. This fee will cover all regular academic and bible classes through the 15 months. Special elective classes may require additional fees. In addition, an Induction Fee of \$200.00 is required at the time of enrollment.

Every student has special needs from time to time. These needs are paid through a Student Account established for her. A \$100 deposit must be made on the day of intake and replenished periodically as needed. In addition, all students participate in the uniform program. The uniform fee is \$250.00.

FIRST MONTH'S ENROLLMENT FEES

FIRST MONTH TUITION	2,000.00
LAST MONTH TUITION (Fifteenth Month)	2,000.00
CURRICULUM FEE	450.00
UNIFORM FEE	250.00
<u>ONE TIME INDUCTION FEE</u>	<u>200.00</u>
TOTAL REQUIRED	4,900.00 Bank Check/Money Order
STUDENT ACCOUNT	100.00 Cash

All fees are non-refundable. Second Party understands and agrees that whether said minor child remains in TCMBA for one day or the full fifteen (15) months, none of the tuition fees, school curriculum fees, uniform fees, induction fees or student account fees are refundable. There will be no pro rating of tuition upon early withdrawal.

Second Party understands that tuition alone does not fund the entirety of this program. Therefore, timely monthly tuition payments are critical to the service we provide to students and families on a daily basis. TCMBA provides a grace period of five business days for tuition payments. After five business days, a \$35.00 late fee will be charged and added to your next monthly tuition statement.

ALL PAYMENTS ARE MADE IN THE FORM OF BANK CHECK OR MONEY ORDER. After six (6) months, personal checks will be accepted.

This is a legally binding agreement, which I have read and understand.

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date

Notary Public

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LIABILITY CONSENT AND RELEASE

I (we) the undersigned parent/legal guardian, hereby consent to our minor child participating in all activities sponsored by TCMBA on or off campus property. I certify that the applicant is able to participate in all activities. I understand and hereby do agree to assume all of the risks, which may be encountered on said activity, including activities preliminary and subsequent thereto.

I do hereby agree to hold TCMBA and its agents and employees harmless from any liability, actions, cause of actions, claims, expenses, and damages on account of injury of any kind to the applicant, or property, or even injury resulting in death, which may arise in the future in connection or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

I further state that I have carefully read the foregoing release and know the contents thereof and sign this release as my own free act.

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date

Notary Public

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CHRISTIAN CONCILIATION AND ARBITRATION AGREEMENT

The undersigned parties, TCMBA and parent/legal guardian, enter into this agreement as an essential condition of enrollment with TCMBA.

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

Accordingly, both 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 of the Association of Christian Conciliation Services.

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 an arbitration decision, or to enforce this dispute resolution agreement. Any mediated settlement agreement, or arbitrated decision thereunder shall be final and binding, and fully enforceable according to its terms in any court of complete jurisdiction.

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date

Notary Public

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CONFIDENTIALITY OF TCMBA RECORDS

NOTICE TO STUDENTS In accordance with 42 CFR 2.1 (10-1-91 Ed)

The confidentiality of alcohol and drug abuse patient records maintained by this ministry is protected by Federal law and regulations. Generally, the ministry may not say to a person outside the program that a student attends the program, or discloses any information identifying a student with a life controlling problem, especially, alcohol or drug abuse unless:

1. The student consents in writing.
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel for research, audit or program evaluation.

Violation of the Federal law and regulations is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a student either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State and Local authorities.

I warrant that I have read the above notice prior to its execution and that I am fully familiar with its contents thereof.

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date

Notary Public

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VISITATION AGREEMENT

I (we) agree that it is very important to the restoration of our family for my child to be visited on the designated pass day(s). Passes are only for father/mother, brother/sister, and grandparents. I further agree to abide by all TCMBA visitation policies:

1. To pick up and return child at the specified times.
2. Student passes are scheduled every other month. Visits shall take place on the weekend of the 3rd Saturday of the month.
3. It is mandatory for parents to participate in all pass/visits.
4. The first pass is 4 hours on campus (student does not leave) and is only for parent/legal guardian. No grandparents or siblings on the initial visit.
5. Split families must work out an acceptable agreement between the parents and notify TCMBA of the agreement.
6. **Passes and visits are a privilege and not a right, and can be taken away at any time for disciplinary reasons.**
7. Second Party agrees to strictly follow all the pass guidelines, which are contained in the Parent/Student Handbook. (Issued upon enrollment).
8. **To bear in mind that the purpose of off-campus passes is not for entertainment, but for the opportunity to grow together as a family unit.**

PASS SCHEDULE

1st Pass (2nd month) –

Saturday: Four hours on campus / Family visits student on Campus

Sunday: AM Sunday church service/lunch at TCMBA center (ends 4:30 pm)

4th, 6th, 8th Month Pass –

Saturday: Six hours off campus

Sunday: AM Sunday service/off campus with family (ends 4:30 pm)

12th, 13th, 14th months –

Weekend Home Pass / Transition Home Begins

Leave Thursday and return on Tuesday

ALL PASSES, AS WELL AS PASS TIME, ARE CONTINGENT ON THE STUDENT'S CONTINUAL PROGRESS IN THE PROGRAM.

I (we) understand that I (we) will be responsible to comply with all TCMBA visitation policies. Failure to comply with this agreement may result in the dismissal of my daughter.

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date

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RELEASE OF ALL RIGHTS IN A PERSONAL STORY

I do hereby irrevocably authorize TCMBA and those acting under its permission and on its authority to use and publish for any lawful purpose whatsoever my/my daughter's personal story which I/she have/has related to TCMBA in whole, or in part, including any photographs of myself/daughter.

I hereby waive any right that I 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.

I hereby release and discharge Teen Challenge, 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 me/my daughter to conspicuous ridicule, scandal, reproach, scorn, and indignity.

I do hereby warrant that I am of full age and have every right to contract in my own name (if student is not of full age, then the parent/legal guardian's signature is necessary) in the above regard and further, that all of the information in my personal story was obtained from me 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.

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Parent/Legal Guardian

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DISCIPLINARY PROCEDURES

We are honored that you have asked us to assist you in the training and development of your child for Christian leadership. We have specifically designed our program to develop the spiritual, academic and social qualities that our world is so lacking today. To carry out your wishes for total “character development”, we believe it is essential to follow **Scriptural** admonitions to correct and direct your child when she violates proper and reasonable rules and procedures. We have developed a set of guidelines – given below – that are followed when your child may need discipline.

1. The offense will be clearly discussed with the child.
2. A staff member will share Scriptural applications with the child.
3. The discipline to be applied for the offense may be restrictions on the activities of the student.
4. Disciplines are documented on a daily basis and excessive disciplines may result in loss of phone call and pass time.
5. **CORPORAL PUNISHMENT IS NEVER IMPLEMENTED.**
6. Students will not be physically restrained except in the event of a threat to another student, staff or themselves.
7. Most disciplines consist of extra chores and biblically based character quality writing assignments.
8. When the normal course of disciplines does not work (student continues to accumulate an excessive amount of disciplines) time may be added to the student’s program.

I (we), _____, have read the above and
Parent/Legal Guardian
agree to support the TCMBA program in its policy of discipline and personally pledge my (our)
support to this approach to discipline.

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date

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RUNAWAY AGREEMENT

TCMBA has established a policy regarding students who make the decision to run away from the facility. It is our hope that every student recognizes her need for Teen Challenge, but in the event a child runs away, the following policy is in effect:

1. The Second Party, parent/legal guardian, has toured the Boarding Academy and is aware that it is not a lockdown facility and therefore, the possibility of a student running away does exist.
2. Second Party recognizes that TCMBA accepts children who may have a history of running away and this is one of the rebellion issues that are addressed in the program.
3. The Second Party agrees that TCMBA will not be held responsible for the safety of any minor child that runs from the facility.
4. TCMBA will report a runaway child to the Local Authorities to facilitate their return. TCMBA will not be held responsible for finding a runaway child.
5. TCMBA is not responsible to involve itself in any court proceedings resulting from any criminal activity.
6. Students are not necessarily dismissed from the program for running away. We will continue to work with a student and their family to facilitate change as long as progress continues to be made.
7. Running away will result in the student's program being started over. If a student has been enrolled for less than two months, two months will be added to their program.
8. Any student found talking about running away, regardless of intent, will have two months added to their program.

I have read, understand and agree to the TCMBA Runaway Policy.

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date

Notary Public

Commission Expires

TEEN CHALLENGE OF MISSOURI BOARDING ACADEMY

PO Box 80
Greenville, MO 63944-0080
(573)856-4966 Fax (573)856-4968

MEDICAL AUTHORIZATION AND RELEASE

I (we), _____, do hereby authorize Teen
Parent/Legal Guardian

Challenge of Missouri Boarding Academy as agents for the undersigned permission to transport
_____, and seek medical attention.
Student

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but it is given to provide authority and power on the part of our aforesaid agents to give specific consent to any and all such diagnosis, treatment, or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable.

Please be aware that my daughter has the following allergies: _____

I (we), _____, do hereby authorize Doctors
Parent/Legal Guardian

or Agencies involved in previous treatments of
_____,
Student

to release any medical or psychological records of my minor child to Teen Challenge.

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date

Notary Public

Commission Expires

WHAT TO BRING LIST

This list is designed to assist families in acquiring the type of clothing and supplies that are needed for your daughter's enrollment. This is a start up list. Once enrolled, you will have the option of purchasing additional items. No items requiring dry cleaning.

Suggestions: Shop in the Women's Dept. rather than the Girl's Dept. Wal-Mart and Target tend to be good places to find many of these items at reasonable prices.

TCMBA will provide: Uniform items- (4) polo shirts, (3) Khaki pants, (2) sweatshirts/fleece

GENERAL Stationary & Stamps (To Be Held By Staff)

CLOTHES

The following clothing items are allowed and limited as follows:

2 sets of black skirts and white long sleeved or 3/4 length dress shirts - button up

2 pair of black dress shoes

2 pair of casual shoes (one must be tennis shoes for Physical Education, the other may be leather casual shoes or boots to be worn with khaki uniforms)

1 pair of hiking boots

1 pair of swim shoes

1 pair of house shoes

2 pairs of shorts (in season knee length) 3" above the kneed

2 pairs of jeans and 2 tops (no see through, no belly shirts, no sleeveless)

2 Physical Education shirts (no writing, logos or pictures, must have sleeves)

2 pairs of shorts for PE (no writing, logos or pictures, knee length)

2 pairs of sweats for PE (no writing, logos or pictures)

7 - 14 underwear WHITE ONLY (must be briefs, no low cut)

7 pairs of socks (white or black)

2 sets Pajama's (may be t shirt and shorts or sweats)

1 set thermal underwear

1 light weight jacket

1 heavy jacket

1 dress coat (optional)

SHIRTS: No tight fitting, No see-through or sleeveless. Clothing may not have pictures, letters, symbols or numbers.

JEANS: must be conservative and neat (not worn, faded or frayed). No hip huggers. No pants/slacks with anything decorative or with pockets on the legs. No knit pants or stretch material. Rule of thumb: two-inch pinch behind the thigh and purchase at least one size larger.

SHORTS: The length of shorts must be knee length. Shorts may not be tight fitting or real baggy.

NIGHTWEAR: T shirt and shorts or sweats may be used.

2 – Pajama Sets

FOOTWEAR: Shoes must modest. No backless.

OUTERWEAR: NO HOODS! No leather or leather looking coats or jackets. Nothing with pictures, letters, numbers or symbols.

- Jacket (seasonal)
- 1 – heavy jacket or coat
- 1 – Sweater (buttoned down front for church)

JEWELRY(OPTIONAL): No mystical, gothic, or eastern style of jewelry. Do not bring any valuable or keepsake jewelry to the Center. No jewelry depicting the shape of a cross.

Note: Limited to one ring, one necklace, and one watch.

LINENS:

- 4 – Sets of towels (bath, hand and face) and 1 Pillow
- 1 – Twin sheet set and (1) egg crate mattress pad (optional)
- 1 – Comforter or blanket

MISCELLAENOUS: Belts are to fit neatly along the waistline, nothing hanging down

- 1 – Bathing suit – knee length
- 2 – Belts (1 – plain brown belt required for school uniform / 1 – plain black dress belt)
- Belts are not to exceed 1 ½ inches in width. No holes, studs, designs, etc. – plain!

PERSONAL HYGIENE: Students do not need an excessive amount of products at the Center, students can be re-supplied on pass. No electric tooth brushes.

- | | |
|--|-----------------------|
| 1 – Shampoo and Conditioner | 1 – Mousse or gel |
| 1 – Hairspray (pump / <u>no</u> aerosol) | 1 – Soap or body wash |
| 1 – Electric Razor | 1 – Toothpaste |
| 1 – Hair dryer | 1 – Toothbrush |

Aerosols or products containing alcohol are not permitted except for:
Shampoo, Hair Conditioner and Lotions

No make up or nail polish will be allowed.

NO tattoos will be obtained while the young man is a student at TCMB. This includes time on passes and visits. Failure to follow this guideline will result in loss of level and privileges as determined by the Director.

The student daily uniform consists of: Royal Blue polo shirts (tucked in), khaki pants with brown belt, socks and casual brown shoes. In cooler weather, students may wear their

sweatshirts over their polo provided the collar is on the outside. Students are to always be neat and presentable.

Hair colors and styles: Natural hair color only! No Exceptions! Dyed, highlighted, or bleached hair will not be maintained. Permission to change hair color may be requested from your Program Manager by the Parent only, if the purpose is to restore hair to natural color. Extreme cuts or styles as well as masculine cuts or styles are not permitted.

DO NOT BRING: Any literature or music, address books, journals, diaries, date books, calendars, headphones, radios, hats, sunglasses, money, gum, candy, certain items containing alcohol (see above under personal items), and anything of personal value such as expensive jewelry, keepsakes, etc.

TCMBA WILL NOT BE RESPONSIBLE FOR LOST OR STOLEN PROPERTY