



ENROLLMENT APPLICATION

At Hope4Teens, we provide a call center with Life Coaches for families in crisis. We offer help through referrals to established Christian organizations. Oftentimes, those we help are defiant, unmotivated, truant, and involved in immoral lifestyles including promiscuity, drug abuse, alcohol, and outright rebellion. Although our name is “Hope4Teens”, we provide help for all ages, from young teens through adults.

The combined services and collaborative efforts of our network addresses the needs of the *whole person* by providing a *whole solution* through spiritual nurturing, character development, recreational activities, vocational training, addiction recovery, academic achievement, emotional health, and social enrichment. These programs provide long and short term spiritual treatment programs all year round, for all ages. **Enrollment can take as little as 24-hours**, year-round. Our team of Life Coaches can work closely with you to plan the transition into and out of the program. This ensures that the student’s best interest is served academically, socially, and spiritually.

Steps to Admission

1. Fill out enrollment application completely
NOTE: Power of Attorney section – “*This Special Power of Attorney is hereby given to*” is left blank
2. Fax a completed enrollment application to 602.708.5593 or email enrollment@hope4teens.org
NOTE: If you are working with an Enrollment Counselor, attention the fax to them and call their ext.
3. Once application is reviewed and accepted, you will be notified

Upon acceptance

4. Commit to an admission date
5. Pay tuition. Your Life Coach will have wire funds details
6. Decide on travel plans. Here are some choices:
 - a. Student flies into Phoenix Sky Harbor for pick-up based on staff availability
 - b. Family flies or drives student to program
 - c. Arrange for our teen transport service to escort student to program (Additional cost and application needed)
7. Gather needed documents and belongings. See Personal Needs Checklist below for more details

Please contact our Life Coaches with any questions you may have along the enrollment process.

Thank You,

Enrollment Department
Hope4Teens
602-996-9100



ENROLLMENT APPLICATION

STUDENT ENROLLMENT FORM

_____	_____	_____	_____
Student Full Name	Birth date	Birthplace	Gender
_____	_____	_____	_____
Street Address	City, State, Zip		
_____	_____		
Student Home Phone Number	Student Cell Phone Number		
_____	_____		
Student Email Address	Website Address		
_____	_____		
MySpace/Facebook Address	Other Online Social Network Address		
_____	_____		
_____	_____	_____	
Social Security Number	Religion	Adopted or Foster?	

DESCRIPTION

_____	_____	_____	_____	_____	_____
Hair Color	Eye Color	Complexion	Weight	Height	Race/Nationality

Other Descriptions					

STYLE

Please use this section to describe the Student's "style", or more descriptively the type of friend group(s) he/she has.

SINS

Use this section to describe the student's surface issues using a 'K' for "Know" and a 'T' for "Think, but unsure".

- Cheating Stealing Lying Manipulating Fornication Drugs
- Adultery Homosexuality Bi-Sexuality Sensuality Hypocrisy Rebellion
- Truancy Anger Pornography

Others: _____



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DRUGS

Use this section to describe the student's surface issues using a 'K' for "Know" and a 'T' for "Think, but unsure".

Heroin Marijuana PCP Cocaine Speed LSD
 Mushrooms Ecstasy Hash Alcohol Mescaline Tobacco
 Inhalants Crack-cocaine Methamphetamine

Others: _____

OCCULT

Use this section to describe the student's occult involvement, using a "K" for "Know" and a "T" for "Think, but unsure".

Satanism Witchcraft Vampirism Ouija Board Demon Possession
 Astrology Paganism Cult

Others: _____

MENTAL ISSUES

Use this section to describe the student's mental issues, using a "D" for "Diagnosed" and a "T" for "Think, but unsure".

OCD Clinical Depression Schizophrenia Suicidal Anorexia
 Bulimia Insomnia Self Mutilation Depression ADD
 ADHD Bi-Polar Oppositional Behavioral Defiance

Others: _____

MEDICATION

Use this section to describe the student's use of medication, using a "P" for "Prescribed use" and a "U" for "Un-prescribed use".

Ritalin Lithium Paxil Effexor Trazodone Thorazine
 Wellbutrin Prozac Cylert

Others: _____

BIOGRAPHY

Use this section to write a basic summary of the Student's life, including relevant family history and incidents which led up to the current situation. Attach an additional sheet(s) as necessary.



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PRIMARY GUARDIAN ENROLLMENT FORM

PRIMARY GUARDIAN(S) (or "Self" if student is over 18 years of age)

Does the student reside at this address? _____

____ Natural Father ____ Step Father

____ - ____ - ____
____ Other Social Security Number

____ Natural Mother ____ Step Mother

____ - ____ - ____
____ Other Social Security Number

Street Address

Marital Status

City, State, Zip

Website

Phone Type: _____ Phone Type: _____

Phone Type: _____

Phone Type: _____ Email

Email

SECONDARY GUARDIAN(S) (or "Sponsor" if student is over 18 years of age)

Does the student reside at this address? _____

Does the student reside at this address? _____

____ Natural Father ____ Step Father ____ Other

____ - ____ - ____
Social Security Number

____ Natural Mother ____ Step Mother ____ Other

____ - ____ - ____
Social Security Number

Street Address

Marital Status

City, State, Zip

Website

Phone Type: _____ Phone Type: _____

Phone Type: _____

Phone Type: _____ Email

Email



ENROLLMENT APPLICATION

PROFESSIONAL SUPPORT PERSONS FORM

PASTOR

___ Sr. Pastor ___ Youth Pastor ___ Assoc. Pastor ___ Other: _____

___ Sr. Pastor ___ Youth Pastor ___ Assoc. Pastor ___ Other: _____

Church Name _____ Website _____

Street Address _____ City, State, Zip _____

Phone Type: _____ Phone Type: _____ Phone Type: _____

Phone Type: _____ Email _____ Email _____

OTHER PROFESSIONALS

Name _____ Contact Phone _____ Email _____

Title _____ Name of Agency/Office Address _____
___ Probation Officer ___ Attorney ___ Psychologist ___ Social Worker ___ Psychiatrist
___ Other: _____

Name _____ Contact Phone _____ Email _____

Title _____ Name of Agency/Office Address _____
___ Probation Officer ___ Attorney ___ Psychologist ___ Social Worker ___ Psychiatrist
___ Other: _____

Name _____ Contact Phone _____ Email _____

Title _____ Name of Agency/Office Address _____
___ Probation Officer ___ Attorney ___ Psychologist ___ Social Worker ___ Psychiatrist
___ Other: _____



SERVICE AGREEMENT

This document spells out the agreement between parties. Hope4Teens is a Christian placement referral agency and is hereinafter referred to as “Provider”, which is the provider of outpatient spiritual treatment services. The second party being the guardian, parent, relative or unrelated sponsor and responsible for the payment of services rendered is, hereinafter, referred to as “Guarantor”. The person receiving services will, hereinafter, be referred to as “Student.”

EXTRACURRICULAR ACTIVITIES

In some instances Student will have the option to go on social enrichment, religious functions, educational excursions, recreational opportunities or entertaining outings, which are not covered in the tuition. In such cases the Guarantor will be required to cover the necessary registration or admission fees.

EXPENSES NOT COVERED

Guarantor will maintain medical and dental insurance at all times and be responsible for all medical, dental and optical expenses; to provide all clothing and to pay for property damaged or stolen by Student. Failure to promptly pay and/or reimburse Provider for any of these expenses may be cause for dismissal.

DUE AND PAYABLE

Guarantor must pay tuition prior to the beginning of Student’s term. Provider can provide a receipt upon request. Any late monthly payment will result in Student returning home immediately.

EXPULSION

It is not the policy of Provider to expel a Student for behavioral defiance or acts of incorrigibility. There are, however, few and rare circumstances under which a Student may need to be returned back home. Therefore, Provider reserves the right to expel any Student for refusal to comply with any rules or regulations. In the event of expulsion, Guarantor shall have the right to file an appeal with Provider within 30 days.

PERSONAL PROPERTY

Provider will not be responsible for any personal property such as clothing or other belongings if left at any of the facilities after Student has returned home.

REFUND POLICY

This agreement is a serious commitment and is intended to help Student with spiritual and life controlling problems. Payment requirements for the full program remain in effect even if Guarantor decides to terminate services with Provider. ***This is a non-refundable program.*** There are, however, valid reasons for a refund of monies or credit for future services. They are as follows:

- Student dies
- Act of God
- Permanent expulsion



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SERVICE AGREEMENT CONT'D

Only a Primary Guarantor(s) can withdraw a Student from the Provider's treatment program. If Student is a minor he/she cannot check him or herself out of the program, therefore *the Student's choice for wanting to be in the program or not does not constitute a valid reason for a termination of agreement and refund.*

INDEMNIFICATION

The Guarantor(s) agrees to indemnify Hope4Teens and/or assigns, its employees, nominees, officers, directors, affiliates or volunteers from and against all actions, proceedings, claims or demands which may be made by reason of act, deed, matter or thing done or omitted to be done by any one of them and to pay all costs and expenses which may be incurred in the connection with any such action, proceedings, claims or demands.

By signing this Service Agreement, both the Provider and Guarantor acknowledge having read, understood, and agreed upon the terms and conditions herein stated on all three pages of this agreement. This agreement does not come into effect until both the Provider and Guarantor have signed.

_____	_____
Guarantor	Date
_____	_____
Guarantor	Date
_____	_____
Provider	Date



TUITION AGREEMENT

Please select program(s) by placing an “X” on the corresponding line.

PHASE I: CONTROLLED ENVIRONMENT

The **Controlled Environment** phase is a structured program designed to provide “high-level supervision” while a Student is receiving treatment. In this phase, students follow a regimented schedule under constant supervision. Students participate in classes that cover each of the Five Points in the treatment plan. Academic, vocational, life skills, group sessions, social events, recreation, and church services are all included in this program. In addition, Students also receive informal and individual mentoring sessions throughout the week.

90-Day Educational Track

- Five-Point Spiritual/Therapeutic Treatment Plan
- Accredited K-12 School
- Open enrollment year round
- Age: All ages
- Term: 30 days (Minimum), 60 days, or 90 days (Maximum)
- Cost: **\$17,850** for 90 days (\$5,950 per month)

90-Day Vocational Track

- Five-Point Spiritual/Therapeutic Treatment Plan
- Multi Media Marketing School
- Vocational training in marketing via web, video, audio, and print
- Open enrollment year round
- Age: All ages
- Term: 30 days (Minimum), 60 days, or 90 days (Maximum)
- Cost: **\$17,850** for 90 days (\$5,950 per month)

Request to Skip Phase I

- In special circumstances, Students may apply to bypass Phase I and move right into Phase II
- Approval from mentors, teachers, House Pastors, and case workers required

PHASE II: TRANSITIONAL LIVING

The **Transitional Program** is designed to provide “moderate-level supervision”, as preparation to low-level to no supervision. In this phase, Students are challenged to take responsibility as they earn more privileges. Students continue to participate in activities that review the parts of our Five-Point Treatment Plan. Students are given volunteer opportunities within the church and community and may participate in special outings or trips. Students continue to receive mentoring sessions throughout this phase.

6-Month Educational Track

- Five-Point Spiritual/Therapeutic Treatment Plan
- Accredited K-12 School
- Open enrollment year round
- Age: All ages
- Term: 6-months (Minimum)
- Cost: **\$18,600**

6-Month Vocational Track

- Five-Point Spiritual/Therapeutic Treatment Plan
- Multi Media Marketing School
- Vocational training in marketing via web, video, audio, and print
- Open enrollment year round
- Age: All ages
- Term: 6 months (Minimum)
- Cost: **\$18,600**

Request to Skip Phase II

- In special circumstances, Students may apply to bypass Phase II and move right into Phase III
- Approval from mentors, teachers, House Pastors, and case workers required



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PHASE III: COMMUNITY INTEGRATION

The **Community Integration Program** is designed to provide “low-level supervision” while a Student integrates back into everyday life. In this phase, Students live out their recovery while working a job and/or going to college. Students are required to report to their leaders and remain accountable at all times. They continue to be involved in church services, fellowship and activities as well as volunteer opportunities within the church and community. Every Student is assigned a personal mentor whose caseload does not exceed ten people.

Accountability Homes

- Bible school of ministry course
- Church membership and pastoral accountability
- Church leadership training
- Group living environment
- Small group support
- Job placement and interview coaching
- Real-life skills application
- Additional funds required for groceries & personal expenses
- Age: 17 years and older
- Term: Minimum 6-month lease (No maximum)
- Cost: **\$3,000 for 6 months** plus \$50 admin fee

Work Internship Program (WIP)

- Guaranteed job with pay in one of our companies or ministries
- Life skills coaching
- Ongoing education and personal development assistance
- Career development
- Protected marketplace environment
- On-site personal and group support
- Alternative disciplines instead of termination
- Age: 17 years and older
- Term: Minimum 6-month term (No maximum)
- Cost: **\$5,950 per month**

School of Ministry

- Bible college
- Church and community lifestyle functioning
- Leadership training and practical application

- Teamwork, character, spiritual, and social development
- Training in prayer, healing, deliverance, worship, preaching, and evangelism
- Community Outreach and world missions
- Case management or high school is not included
- Not high-level supervision
- Age: 17 years and older
- Term: Minimum 4.5-month semesters up to a maximum of 2 years
- Cost: **\$18,000** plus \$250 admin fee

School of Business

- Marketing & Multi Media Production
- Advanced social skills and maturity
- Classroom instruction
- Does not offer case management or high school
- Not high-level supervision
- Career development
- Marketplace environment
- Age Requirement: 17 years and older
- Term: Minimum of 6-months up to a maximum of 2 years
- Cost: **\$5,950 per month**

Boarding School

- Accredited K-12 School
- Family home environment and outings
- Advanced social skills and maturity
- Church and community lifestyle functioning
- Peer leadership development
- Age: Anyone still in grades K-12
- Term: Through high school graduation
- Cost: **\$5,950 per month**



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ADDITIONAL SERVICES

Detoxification

- 72 hours of supervised care, nourishment, and rest
- Cost: **\$1,000.00**

Teen Transport & Escort Service

- Two licensed chaplains with badges
- For uncooperative adolescents
- Includes a one-day excursion. Multiple days are \$500/day
- Cost: **\$2,500.00 plus expenses** (Flight, car rental, lodging, meals)

High School Proficiency & Exam

- Exam preparation for those who prefer a diploma over a GED
- High School Diploma issued
- Cost: **\$500.00**

Internet Addiction

- Five-Point Spiritual/Therapeutic Treatment Plan
- Open enrollment year round
- Age: All ages- Cost: **\$9,950.00 per month**

Parent Life Coaching

- Family counseling, direct phone access, and small caseload
- Four 45 minute sessions per month
- Additional counseling as needed
- Cost: **\$950.00 per month**

Youth Life Coaching

- Youth counseling, direct phone access, and small caseload
- Weekly reporting on child's personal page
- Four 45 minute sessions per month
- Additional counseling as needed
- Cost: **\$950.00 per month**

Parenting Workshop Audio Series

- 15 hours of parenting audios
- Downloadable workbooks
- Available on CDs and the internet
- ___ Cost: **\$149** for CDs plus ship ___ **\$99** for online access

Spiritual Boot Camp (Not for incorrigible youth)

- Two-week summer program
- Includes travel throughout various U.S. locations
- Enrollment Deadline: July 13th
- Start: July 24th and ends August 2nd
- Cost: **\$750.00** plus \$100 admin fee



PAYMENT

It has been our experience that medical insurance policies do not cover our network of programs. We have been advised that the reason for denial of coverage is simply because we are not a medical facility. Denial of an insurance claim does not constitute a refund of the tuition in its entirety or any portion thereof.

Initial _____ Initial _____

Only a Primary Guardian(s) can withdraw a client from the Provider's daytime treatment program. If Student is a minor he/she cannot check him or herself out of the program. The Student's choice for wanting to be in the program or not does not constitute a valid reason for a termination of agreement and refund, regardless of Student's age.

Initial _____ Initial _____

Form of payment will be disbursed by:

Wiring of Funds Cashier's Check (Only in emergency)

Make payment out to Christian Family Network

The Guarantor(s) agrees to indemnify Christian Family Network and/or assigns, its employees, nominees, officers, directors, affiliates or volunteers from and against all actions, proceedings, claims or demands which may be made by reason of act, deed, matter or thing done or omitted to be done by any one of them and to pay all costs and expenses which may be incurred in the connection with any such action, proceedings, claims or demands.

By signing this Financial Agreement, both the Provider and Guarantor acknowledge having read, understood, and agreed upon the terms and conditions herein stated on all pages of this agreement. This agreement does not come into effect until both the Provider and Guarantor have signed.

_____	_____
Guarantor	Date
_____	_____
Guarantor	Date
_____	_____
Provider	Date

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HOUSE PASTOR AGREEMENT

This House Pastor Agreement regarding services rendered for _____ (Student) is entered into this _____ day of _____, 20____, between House Pastor and _____ (Guarantor or self if 18 or older), in consideration of the mutual agreement made herein, as follows:

Living arrangements are provided for Students who need a “vacation” from the pressures of life or for parents who need a “vacation” from their students. Couples and individuals of the highest Christian character extend their homes to Students. Students of all ages experience various social enrichment programs and recreational opportunities in a Christian family home environment.

The House Pastors exemplify fruit of the Spirit and godliness. The reason we call them House Pastors is that we believe that we need the Holy Spirit and the anointing of the gift of a “pastor” in order to break the stronghold of rebellion and the yoke of sin. Without the gift of a pastor, our ministry would not be as effective. One of the traits of these men and women is that they have fathers’ and mothers’ hearts. The Student is treated with respect and unconditional love. A relationship is developed between the Student and their House Pastor, which facilitates an environment for effective discipleship.

Every morning, after breakfast and chores, the students participate in “Hour of Power”, a time of prayer and Bible reading. The rest of the day consists of various social enrichment programs, school, treatment, and recreational opportunities.

DISCLOSURE

House Pastors and affiliates, agents, employees, and volunteers **DO NOT** advertise nor claim to be state licensed nor a Child Welfare Agency as defined in the Arizona Statutes. The aforementioned are private entities, exempt from state licensing. The House Pastors do, however, require a notarized temporary legally custody power of attorney. It is immediately revocable upon request.

The House Pastor exclusively provides students with various social enrichment programs, school, and recreational opportunities. They **DO NOT** use restrictive behavior management techniques. The living House Pastor program is a separate entity from any other service, school or ministry that the student may be enrolled in through the referring network. All other agencies involved are strictly outpatient or extracurricular.

Services to be performed as a part of the living arrangements:

- Provide room and board with an individual or couple, who will serve as (a) surrogate parent(s)
- Maintain a loving and warm family atmosphere
- Perform pastoral functions such as preaching, teaching, prayer, and the study of scriptures
- Include Student in communion and water baptism, which are sacraments that may be provided at Student’s request
- Enroll student into a private Christian school or provide home schooling
- Transport student to the outpatient treatment classes and any other professional outside services necessary
- Take student to church, fellowship groups, and Bible studies every week
- Enrollment in positive social enrichment programs for Student from resources within the community
- Enjoy various recreational opportunities that are available throughout the community

ASSIGNMENT

The duties and obligations under this Agreement may be assigned with consent of Student.

GENERAL PROVISIONS

Any notices to be given hereunder by either party to the other may be effected either by personal delivery or by mail.

ENROLLMENT APPLICATION

HOUSE PASTOR AGREEMENT CONT'D

ENTIRE AGREEMENT

This Agreement supersedes any and all agreements, either oral or in writing, between the parties hereto with respect to the rendering of services by the Provider, and contains all of the covenants and agreements between the parties with respect to the rendering of such services in any manner whatsoever. Each party of their Agreement acknowledges that no representations, inducements, promises or agreements, orally or otherwise, have been made by any party, or anyone acting on behalf of any parties, which are not embodied herein, and that no other agreement, statement, or promise not contained in this Agreement shall be valid or binding. Any modification or this Agreement will be effective only if it is in writing and signed by the party to be charged.

SEVERABILITY

If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions shall nevertheless continue in full force without being impaired or invalidated in any way.

GOVERNING LAW

This Agreement shall be governed by and construed in accordance with the laws of the State.

INDEMNIFICATION

The Guarantor(s) agrees to indemnify the House Pastor and/or assigns, its employees, nominees, officers, directors, affiliates or volunteers from and against all actions, proceedings, claims or demands which may be made by reason of act, deed, matter or thing done or omitted to be done by any one of them and to pay all costs and expenses which may be incurred in the connection with any such action, proceedings, claims or demands.

By signing this House Pastor Agreement, both the Provider and Guarantor acknowledge having read, understood and agreed upon the terms and conditions herein stated on all pages of this agreement. This agreement does not come into effect until both the Provider and Guarantor have signed.

_____ Guarantor, or self if Student is over 18	_____ Date
_____ Guarantor	_____ Date
_____ Guarantor	_____ Date

ENROLLMENT APPLICATION

**SPECIAL POWER OF ATTORNEY:
TEMPORARY LEGAL CUSTODY OF MINOR CHILD**

The undersigned, _____ and _____ (circle the one that applies) are the natural parents, guardian, or custodial parent, and hereby declare that they have the authority to sign this document as they are the legal guardian(s) of _____ (Hereinafter the Minor Child). In the event that the parties signing this document are the Minor Child’s legal guardian(s) please attach a copy of the guardianship paperwork as Exhibit A. In the event that one parent has sole custody or the equivalent, please attach the custody order as Exhibit B. Exhibit A and B, if any, attached is incorporated herein by this reference.

This Special Power of Attorney is hereby given to _____.

The parent/guardian/custodial parent is hereby delegating to the named person(s) listed above any and all powers that they have with regard to the Minor Child, except the power to authorize marriage, which will include but not be limited to Disciple in Christ using the Holy Bible and other printed materials, Christian discipleship videos, Christian music, preaching, teaching, instructing, exhorting, disciplining according to the Word of God. Authorization is further given for physical exams, lab tests, and medical treatment authorization for said Minor Child. This Special Power of Attorney specifically gives the above named person(s) any and all authority to authorize medical treatment.

This Special Power of Attorney gives authority for above named person(s) listed above to retrieve and escort the above-named Minor Child, if needed, in order to place said Minor Child into above named person(s) home. If the Minor Child listed above runs away, authority is given to retrieve and escort the above-named Minor Child back to safety.

This Special Power of Attorney is only good for six months from the date listed below. Further, the parent/guardian/custodial parent reserves the right to withdraw and annul this Special Power of Attorney at any time by notifying above named person(s) of their intentions in writing, signed, dated, and notarized by all of the undersigned. This withdrawal can be faxed or mailed and will be effective upon receipt and will result in the Minor Child’s termination of stay with the above named person(s).

Signed and made effective this ____ day of _____, 20____

Primary Care Giver

Primary Care Giver

STATE OF _____)

)

COUNTY OF _____)

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20____,

by _____ and/or _____.

My Commission Expires: _____

_____ Notary Public

STATE OF _____)

)

COUNTY OF _____)

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20____,

by _____ and/or _____.

My Commission Expires: _____

_____ Notary Public



ENROLLMENT APPLICATION

AMERICAN CHRISTIAN ACADEMY AGREEMENT

Mission: The purpose of American Christian Academy (ACA) is to provide superior education in a strong Christian environment.

Vision: To nurture and prepare youth for a life of service unto Christ. *“Train up a child in the way he should go and when he is old he will not depart from it.” Proverbs 22:6*

ABOUT ACA:

The purpose of ACA is to provide a sound education centered on Christ. Students are taught that all truth originates from God, that all knowledge and wisdom comes from God, including history, geography, science, music and the arts, and that Jesus Christ is to be central in all learning and living. Students who complete the state’s minimum academic requirements graduate and receive a diploma.

CURRICULUM OVERVIEW:

The award-winning curriculum used is a complete Bible-based curriculum for grades 3–12. Multimedia, internal messaging, immediate feedback and automatic grading and record keeping are just a few of the features that make this product unique. Studies include the five core subjects – Bible, History and Geography, Language Arts, Math, and Science – as well as various electives. We may also include specialized workbooks, Christian curriculum designed to teach five core subjects plus a selection of electives.

TEACHER INVOLVEMENT

Although most of the instructional course material is written directly into the assignments, the teacher plays a vital role by supplementing the learning base. Course effectiveness depends on teacher planning, organization, teacher/student interaction, and evaluation of student progress through the review of student work. Computerized content delivery combined with automatic grading, record keeping, and lesson planning reduces teacher tasks so they can spend more quality time with their students. Though the computer is the primary means of content delivery, the teacher must ensure the overall success of the Student by diagnosing readiness and implementing the adjustments needed by their student to achieve mastery learning.

COURSE REQUIREMENTS FOR GRADUATION

ACA requires 22 credits for graduation.

English –	4 credits	Social Studies –	1 credit World History
Mathematics –	2 credits		1 credit American/US History
Science –	2 credits		½ credit Civics
Health –	½ credit		½ credit Economics
Foreign Language –	1 credit	Electives –	7.5 credits
Physical Education –	2 credits		

The Guarantor(s) agrees to indemnify the House Pastor and/or assigns, its employees, nominees, officers, directors, affiliates or volunteers from and against all actions, proceedings, claims or demands which may be made by reason of act, deed, matter or thing done or omitted to be done by any one of them and to pay all costs and expenses which may be incurred in the connection with any such action, proceedings, claims or demands.

By signing this American Christian Academy Agreement, both the Provider and Guarantor acknowledge having read, understood, and agreed upon the terms and conditions herein stated on all pages of this agreement. This agreement does not come into effect until both the Provider and Guarantor have signed.

Primary Guarantor

Date

Secondary Guarantor

Date



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SCHOOL RECORDS RELEASE FORM

School Name

Contact Person

Address

City State Zip

Telephone Number:

Fax Number:

To School Clerk:

My child has been withdrawn from your school. Please release his/her academic and health records to the following school:

ACCEPTING SCHOOL:
American Christian Academy
Office of Student Files
13835 N. Tatum Blvd., Ste. 164
Phoenix, AZ 85032

Student's Full Name and Date of Birth

Signature of Receiving Principal

Signature of Parent/Guardian



ENROLLMENT APPLICATION

AUTHORIZATION FOR PHYSICAL EXAMS, LAB TESTS AND MEDICAL TREATMENT

MEDICAL INFO DENTAL INFO OPTICAL INFO

GROUP INSURANCE INDIVIDUAL POLICY Insurance Co. Employer: Ins. Co. Phone # Ins. Co. Address: Policy No. Group No. Effective Date: Co-pay

GROUP INSURANCE INDIVIDUAL POLICY Insurance Co. Employer: Ins. Co. Phone # Ins. Co. Address: Policy No. Group No. Effective Date: Co-pay

GROUP INSURANCE INDIVIDUAL POLICY Insurance Co. Employer: Ins. Co. Phone # Ins. Co. Address: Policy No. Group No. Effective Date: Co-pay

Student Full Name Birth Date Age Gender

I hereby consent to the following for the above named Student:

- A physical examination, including dental, podiatric, and vaginal examinations, and blood tests and x-ray examination
The advisability or necessity of such examination to be determined by a physician and/or dentist, regularly licensed
The administration of all necessary immunizations, vaccinations, and/or inoculations as deemed necessary by said physician
The administration of medical treatment and dental work, including surgical and dental operations and the administration of anesthetics considered advisable and necessary by said physician and/or said dentist, or by the physicians and/or dentists of the insurance
The administration of all necessary immunizations and inoculations under the auspices of said physicians
The necessary release of any and all information contained in the above-named child's medical records, to be sent to the Social Services Agency or Health Care Agency (Medical Services)

The above named person is known to be allergic to or physically react to drugs, foods, etc. [] Yes [] No
If yes, explain:

A copy of Student's medical history and immunization records are required. Please attach it to the application.

Policy Holder SSN# Birth Date
Policy Holder Address City, State, Zip
Employer Name Employer Phone

By signing below, I understand that I am fully responsible for any and all medical expenses.

Guarantor Date



ENROLLMENT APPLICATION

CONSENT TO RELEASE INFORMATION

I, hereby authorize all agencies, which hold any information in connection with and related to the items mentioned herein, to disclose to Hope4Teens and its affiliates:

The disclosure of records and pertinent data is given with the knowledge that the named client has received services and is required for evaluation and treatment planning or for the following purposes: 1. Diagnosis 2. Pertinent summary of psychosocial and psychiatric history 3. Results of psychological and vocational tests 4. Legal status 5. Educational assessment and behavioral reports (Including school observation and educational testing) 6. Confidential information, conversations, reports, and logs related to family issues.

I give permission for Hope4Teens and its affiliates to discuss and disclose the information stated herein with the family minister, related professional support persons and authorized relatives.

I give further authorization for Hope4Teens and its affiliates to:

- 1. VIDEO TAPE STUDENT/ CLIENT AND USE VIDEO FOOTAGE FOR TRAINING, PUBLISHING AND
- 2. VIDEO PRODUCTION
- 3. PUBLISH PERSONAL STORY AND PHOTOGRAPHS OF STUDENT/ CLIENT AS TESTIMONIAL
- 4. ALLOW INTERVIEWS BY TELEVISION, NEWSPAPER, INTERNET, AND RADIO MEDIA

The purpose of this consent is for the publishing of testimonies of changed lives for the encouragement and edification of the general public. *We think many people need to hear the message of hope through the lives that are transformed by Jesus Christ. It is not our intention to humiliate anyone or to glamorize human tragedy.*

Primary Guardian

Primary Care Giver

Student Name

Date



ENROLLMENT APPLICATION

PERSONAL NEEDS CHECKLIST

Student will need all of the following items. Please do not pack other unnecessary items, as the student will have limited closet and storage space. Carefully review this sheet and contact your enrollment counselor with any questions.

PERSONAL ITEMS

- Tooth Brush
- Two towels
- Hand held book bag (NO backpacks)
- King James or New King James Bible
- Swim trunks (boys) or One-piece swim suit (girls)
- Jacket/Coat
- Shoes/Sneakers
- Slippers/Flip flops
- Deodorant, shaving cream, razors
- Soap, shampoo, conditioner (if needed), lotion
- At least one set of church clothes
- One week's worth of pants and shirts
- One week's worth of under garments

DOCUMENTS

- Identification Card
- Statement of any special medical needs

ADDITIONAL DOCUMENTS (Optional, may be required later. Please send copies only)

- Birth Certificate
- Medical Card
- Social Security Card
- Current physical and STD report
- Psychological evaluations
- Academic/Behavioral reports
- Immunization Records

Spending Money

A small amount of spending money is preferred, but not required. Any spending money will not be held by the student in the structured part of their program. Funds will be dispersed as needed. Funds may be used for personal items, special snacks, toiletries, etc. Parents generally send between \$40.00 and \$100.00 per month. If you decide to send spending money, please **DO NOT** send cash, check, or money order. Please purchase a gift card which will be widely accepted, such as a VISA or MasterCard gift card which can be easily replenished.

Items NOT to bring

- Electronics
- Audio/video entertainment
- Clothing advertising questionable products or celebrities
- Jewelry and other costly/sentimental items (Brought at your own risk. We cannot be responsible for such items)



FAMILY LIST

Students are allowed phone calls, letters, and packages from immediate family members. We ask that the enrolling parents provide a list of family members that are permissible for the student to communicate with. The student will not be able to speak to anyone who is not on this list. Further, keep in mind that this list should be kept to a minimum.

Name	Contact Information	Relationship to Student
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

Additional Comments
