



GRACE HAPPENS



**LAUGH
AGAIN**



HOPE

Application Packet



THE REFUGE WELCOMES YOU!

Welcome to The Refuge Teen Challenge, where you will find much more than a mere rehabilitation program. Rehabilitation involves restoration to an original state. We at The Refuge believe that God has a greater plan for your family. He intends to transform your daughter into the young woman she was created to be. We anticipate this simple assurance will change your outlook from one of pain and despair to hope, and we thank you for considering our program as an agent of blessing to your family.

We wholeheartedly believe that God brought your family to The Refuge in order for us to stand and fight alongside you through faith for the future and safety of your daughter. Our motto scripture at The Refuge is 2 Corinthians 5:17, "Therefore, if anyone is in Christ, he is a new creation; the old has gone, the new has come!" We are here to offer that same life-changing freedom to you and your family. We look forward to working with you.

In Christ,

Missy Bowman

Missy Bowman

Executive Director

The Refuge

P.O. BOX 572

Lebanon, IN 46052

Office (765) 482-2336 ext 101

Admissions Process

Our goal is to make our admissions process simple and informative. Many of our families come to us in times of distress, and we want this to be a transition toward hope and growth. More importantly, we want to understand your individual situation and to make sure that The Refuge is the best place for your daughter.

Step 1: Contact our Admissions Coordinator to learn about our program as well as share about potential student.

Step 2: Submit a signed & notarized application packet. Include necessary medical/identification paperwork.

Step 3: Continued phone interviews with parent(s)/legal guardians(s).

Step 4: Application and other information provided will be reviewed by Program Leadership Team.

Step 5: Parent(s)/legal guardian(s) will be notified by phone of acceptance or denial. **Upon acceptance a NON-REFUNDABLE fee of \$500.00 is due to secure the admissions date.**

Step 6: Arrival/Enrollment date scheduled and approved by Intake Specialist.

Step 7: Initial payment can be made one of two ways:

- cashier's check
- or ahead of the student's arrival paid online
www.refugegirlsacademy.com

Step 8: Reoccurring tuition payments for remaining 11 months must also setup online.

Step 7: Set up transportation options (we can help with this process, if needed).

Step 8: Parent(s)/legal guardian(s) walk through service plan at student's arrival to center.

Admissions Contact Information

*For additional information, please contact:
girlsadmissions@indianatc.org*

Admissions Checklist

Please initial each page of the application packet, signifying that you have read everything in its entirety. To ensure that your application can be processed quickly, please use the following checklist to make sure you have completed and included all necessary paperwork for enrollment. Applications will be considered in the order they arrive and only if all items listed below are provided.

- ❑ Print (one-sided) and complete this application packet in its entirety.
- ❑ Complete and enclose a typed bio sketch (“a brief history of behavior”) of your child. Give specific information regarding any legal charges. Please sign and date the bio sketch.
- ❑ Have the following medical testing done either with a family physician or at your local Health Department and forward the results to The Refuge Teen Challenge.
 - TB Skin Test
 - Blood Tests for HIV, VDRL, Hepatitis B and C
 - Dental Exam/Evaluation (or copy of exam record if done within the last 12 months)
- ❑ Enclose a copy of your daughter’s up-to-date immunization record.
- ❑ If your daughter has had counseling, testing or placement in other facilities, please send the evaluations and reports to us as soon as possible.
- ❑ Enclose copies of her birth certificate, social security card, and medical/dental/vision insurance.
- ❑ Enclose a copy of custodial documentation.
- ❑ Submit application to:
 - girlsadmissions@indianatc.org

Tuition and Fees

The cost of tuition for our 12-15-month program is \$3,500 per month, per student. Upon intake, the first month's tuition, as well as the intake fees described below totaling \$7,550 are due on or before the student arrives at the program. These non-refundable fees can be paid in 3 ways.

Go online to www.indianatc.org or bring a cashier's check or check when your student arrives at the program. These fees cover all regular academic and Bible classes through the 12 month program.

- \$3,550 First Month's Tuition
 - \$3,500 Intake Fee
 - \$1,250 Deposit for Ankle Monitor (optional)
 - \$300 First Month Fee of Ankle Monitor
 - \$500 Damage Fee
- Payment will total: \$9050

PERSONAL MONEY FOR STUDENT

For student's personal needs that may arise or for field trips, please include \$250.00 on a personal debit card or a refillable MasterCard or Visa Prepaid Debit Card. (PLEASE NO CASH)

ALL FEES ARE NON-REFUNDABLE. Whether your child remains in Teen Challenge for (1) day or the full minimum twelve (12) months, NONE OF THE TUITION FEES, SCHOOL CURRICULUM FEES, AS APPLICABLE, INTAKE FEES OR STUDENT ACCOUNT FEES ARE REFUNDABLE. THERE WILL BE NO PRO-RATING OF TUITION UPON EARLY WITHDRAWAL.

SCHOOL TRANSCRIPTS WILL BE HELD UNTIL BALANCE PAID. Teen Challenge shall reserve the right to hold all school transcripts until the balance of the agreement has been paid in full: If the parent/legal guardian removes the student prior to completion of the program (early removal); if the student (18 years old) voluntarily withdraws themselves from the program; if the Second Party fails to fulfill the financial agreement; or if the student is dismissed due to failure of Second Party to support Teen Challenge policy and procedures.

Important Reminders

Please read the application packet carefully and remember to initial each page in the space provided. This information must be completed prior to receiving an enrollment date.

Here are the steps to follow:

- Read carefully and complete the application in its entirety. Return the completed application along with a written “bio sketch” of your child (see attached outline). Give specific information regarding any legal charges. Please sign and date the biography.
- Send application
- Have the following medical testing done either with a family physician or at your local Health Department and forward the results to **The Refuge Teen Challenge**:
 - **TB Skin Test**
 - **Blood Tests for HIV, VDRL, Hepatitis B and C**
 - **Dental Exam/Evaluation** (or copy of exam if done within the last 12 months)
- Enclose a copy of up-to-date immunization Record with application
- If the applicant has had counseling, testing or placement in other facilities, please provide the evaluations and reports.
- Submit copies of the applicant’s birth certificate, social security card and state I.D. card.
(**IMPORTANT! Originals are needed for verification at the time of induction and will be returned.**)
- **Monthly reoccurring payments must be set with the above website prior to or no later than the day of student’s arrival.**
- Miscellaneous personal expenses for your student will be paid using a personal debit card or a Refillable MasterCard or Visa Prepaid Debit Card provided by you. Please have an available balance of \$250.00 for these personal expenses.

Feel free to call us with your questions.

765.482.2336

Home Life – Parent and Sibling Relationships

School History

- A. Kindergarten _____
- B. Elementary School _____
- C. Middle School _____
- D. High School _____

Behavior

Student Profile

To the best of your knowledge, which of the following substances has the applicant used?

- | | | | |
|----------------------------------|---|---|------------------------------------|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Barbiturates | <input type="checkbox"/> Methamphetamines | <input type="checkbox"/> Heroin |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Hallucinogenic | <input type="checkbox"/> Glue | <input type="checkbox"/> Marijuana |
| <input type="checkbox"/> Freon | <input type="checkbox"/> Opium | <input type="checkbox"/> Mushrooms | <input type="checkbox"/> Crack |

Other: _____

Check all that apply and indicate moderate or severe where appropriate:

Severe family conflicts with: Mother Father Stepparent(s)

Self-destructive: Suicide attempts Cutting Other: _____

Depression: Major Mild None Apparent

Attention deficit: Inattentive Hyper Impulsive Medicated for ADD/ADHD

Aggressive behavior: bullies, threatens, intimidates physical violence, destruction of property

Has there been a death of a friend or relative in the past two years?

Explain: _____

Legal History:

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

Is the applicant on probation? Y N

Probation Officer's Name: _____ Phone: _____

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

Personal Family History

List Siblings: (use back if necessary)

Name	Relationship	Age	Residence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Father's Name: _____ Occupation: _____

Address: _____

Mother's Name: _____ Occupation: _____

Address: _____

Parents' Marital Status: Married Divorced Separated
 Living Together Remarried How long? _____

Has any other individual raised the applicant for any period of time? Y N If yes, please explain:

When did the applicant last live with you? _____

Has she ever accused a close family member of physical or sexual abuse? Y N
If yes, who, when, and what was done about it?

To the best of your knowledge, what is the applicant's sexual lifestyle?

Heterosexual Homosexual Bi-sexual
 Pornography Child Pornography Incest How recently? _____

Has she previously been enrolled in a boarding or military school? Y N
If yes, please **enclose a reference** from such school.

Custodial Requirements

Our records require a copy of custodial documents for each student. Students will NOT be enrolled in the program without these documents. Please refer to the following list and **check the status that applies to your situation:**

- ❑ **Married** – both biological parents have custody: *No papers required.*
- ❑ **Divorced** – single parent custody: *Copy of divorce decree (custody papers) required.* The custodial parent must sign all of the Student Application and Placement Agreement forms.
- ❑ **Divorced** – shared responsibility: *Copy of divorce decree (custody papers) required.* Both parents must sign all of the Student Application and Placement Agreement forms.
- ❑ **Guardian**: *Legal documents declaring guardianship of student required.*
- ❑ **Ward of Court**: *Documents declaring student is assigned by court or state required.*

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

Parental Contact Information

Please provide the following information in case of an emergency:

Which parent has legal custody? _____

Mailing Address: _____

Father's Name: _____

Home Phone Number _____
Work Phone Number _____
Home Fax Number _____
Work Fax Number _____
Cell Phone Number _____
Home Email Address _____
Work Email Address _____

Mother's Name: _____

Home Phone Number _____
Work Phone Number _____
Home Fax Number _____
Work Fax Number _____
Cell Phone Number _____
Home Email Address _____
Work Email Address _____

Stepfather's Name: _____

Home Phone Number _____
Work Phone Number _____
Home Fax Number _____
Work Fax Number _____
Cell Phone Number _____
Home Email Address _____
Work Email Address _____

Stepmother's Name: _____

Home Phone Number _____
Work Phone Number _____
Home Fax Number _____
Work Fax Number _____
Cell Phone Number _____
Home Email Address _____
Work Email Address _____

Medical History

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS.

NAME: _____ DATE OF BIRTH: ____/____/____

FAMILY PHYSICIAN: _____ PHONE: _____

ADDRESS: _____

INSURANCE: Y N COMPANY _____ POLICY #: _____

Has the applicant had any of the following? Please check all that apply:

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

Describe any allergies or reactions to medications, food, etc.

Is she currently on any medications or undergoing medical treatment? Y N

If yes, list medications, treatment, and the reason why:

When was her last eye exam? _____

Explain any problems she may have with her eyes at this time:

When was her last dental exam? _____

Explain any problems she may have with her teeth at this time:

MEDICAL FORM

Please fill out completely.

Blood test results must be provided before your child will be entered into our program.

PHYSICIAN'S STATEMENT

Upon examination of _____, I have, her, in my medical opinion, to be **free** from communicable diseases including: TB HIV Hepatitis A, B and C (initial Intake) Covid 19

Pregnancy Test: positive negative

Has had recent travel outside of the U.S.? Explain: _____

Her overall **physical health** is: Good Average Poor

Her overall **mental health** is: Good Average Poor

Her overall **emotional health** is: Good Average Poor

Handicaps (Physical, Mental, Emotional): _____

Specific treatment: _____

Drug Allergies or ANY known allergies: _____

Prescriptions: _____

Recommended Treatment or Follow up needed: _____

In my opinion, the person is stable enough physically, mentally and emotionally to participate in a long-term group program involving teaching, learning, taking of responsibilities and strict discipline to help produce a self-disciplined life.

Physicians Signature: _____ **Date:** _____

Office Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip:** _____

Please send email records of immunizations to girlsadmissions@indianatc.org or mail to The Refuge Teen Challenge at PO BOX 572, Lebanon, IN 46052.

*I understand that incomplete testing **will** delay the processing of my child's application.

Parent's Signature: _____ Date: _____

Academic History

Student's first language is: ___ English ___ Spanish Other: _____

Student's highest grade completed: _____

Last attended school: _____

Currently enrolled in which education program? ___ Public ___ Private ___ Home School

Reading Skills Level: ___ Good ___ Average ___ Poor

Writing Skills Level: ___ Good ___ Average ___ Poor

Does she play a musical instrument? _____

Was she involved in extracurricular activities? Please name:

Does she have learning disabilities of any kind? _____

If so, what are the modifications on her IEP (Individual Education Plan)?

Parent Information

Full Name			
Adoptive Parent			
Religion			
Education Level			
Present Job			
Monthly Income			
No. Of Marriages			
Physical Health			
Mental Health			
Legal Problems			
Relationship to Applicant (close, distant, hostile, etc)			

Financial Obligation

The monthly tuition is \$3,500.00 per month.

Tuition is due every month unless tuition is prepaid.

Upon being accepted into the program there is a non-refundable \$500 admissions fee. This fee is due upon acceptance to secure admissions date.

On the day of admission, the following NON-REFUNDABLE fees are due.

- \$3,500 First Month's Tuition
- \$3,500 Intake Fee (uniforms, technology fee, animal therapy fee)
- \$1,250 Deposit for Ankle Monitor (optional)
- \$300 First Month Fee of Ankle Monitor
- \$500 Damage Fee

Payment will total: \$9,050 (initial) _____

The Refuge Teen Challenge Services

The number one cause of failure for students in the Teen Challenge program is the lack of commitment by parents to push through to completion. It's important to understand that this is a 12-15 month program and completion is critical to ensure student success. What are the supports you as a family have in place to help you walk this journey of recovery with your student to it's finish?

It's also important to know that Teen Challenge is not a typical boarding school, nor is it an inpatient psychiatric facility. Teen Challenge is primarily a Discipleship Program. On occasion, the schedule is interrupted but our ultimate goal is to lead your child to a relationship with Christ that will bring true healing and freedom in her life. Because of this, the structure of what we do is somewhat non-traditional. Upon entering this Teen Challenge program, your child depending on behavior, will receive the following services and opportunities:

- Bi weekly Animal Therapy
- Daily Bible Classes and Individual Study Through GSNL and PSQL
- Weekly One on One Discipleship and Mentoring with Advisor
- Daily Life on Life Discipleship Through Staf and Other Upper Level Students and Interns
- Daily Chores and Frequent Opportunities for Service
- Year Round School Every Weekday, Except in the Event of Special Events
- Chapel Service Weekly
- Weekly Church Services

Talk Therapy is not a component of the Teen Challenge program. Students will not see a therapist while attending Teen Challenge.

I, the undersigned, recognize the unique offerings of the Teen Challenge program and am committed to fulfilling the requirements of the program as the participating parent(s)/guardian(s). I will support the program and it's staff at all times and will commit to clear and consistent communication with program staff to ensure the success of my child. If accepted, I understand that all application questions have been answered to my best ability in honesty, and failure to do so can be cause for denial of application or dismissal of my student from the program if my student is accepted.

Parent/Guardian Signature _____ Date _____
Parent/Guardian Signature _____ Date _____

-----OFFICE USE ONLY-----

DATE RECEIVED: _____ PROCESSING STAFF MEMBER _____

ACCEPTED Y OR N FAMILY CONTACTED _____ EXECUTIVE DIRECTOR _____

THIS PAGE IS TO BE FILLED OUT BY THE STUDENT

Your parents/guardians are in the process of applying for you to be enrolled in our program. We would like to know what you think. Please answer as honestly as you can, there are no wrong answers.

Do you want to come to Teen Challenge? _____

Why or why not?

Do you think there is a need for you to be placed in a facility like ours? _____

Why or why not?

What do you think will be the hardest part for you to be in our program?

From what you know of our program, what benefits do you think it can offer you?

The Refuge Teen Challenge Academics

The Refuge Teen Challenge Christian Academy uses the curriculum of Plato. Your daughter will be enrolled with our local school Lebanon High School. Each student is issued a macbook computer and school is done on the campus of The Refuge. The Refuge Christian Academy is in session year-round. Class is Monday thru Friday.

The Refuge Academic Release

Dear Parent: Please deliver this document to the applicant's guidance counselor and request that her transcripts be submitted to The Refuge at the address below or by email to the academic coordinator at girlsadmissions@indianatc.org.

To Releasing School Counselor:

Date: _____

School Name

Address

City State /Province Postal Code

Phone Fax

Dear Counselor:

_____ has been withdrawn from your school. Please release their official or unofficial transcripts and state standardized test results to the following school. Please include a grading scale and high school graduation requirements. Thank you.

Accepting School

The Refuge Teen Challenge

P.O. BOX 572
Lebanon, IN 46052
Office (765) 482-2336

Student's Name

Social Security #

Grade level when withdrawn

Age

Date withdrawn

Signature of Receiving Principal

Date

Clothing and Personal Needs for Students

Please do not bring extra or excessive clothing as storage space is limited.

5-10 pairs of socks
5-7 bras
6-10 pairs of underwear (no G-string or thong) 3 sets of pajamas w/t-shirt tops (no spaghetti string tops) long pant or long short bottoms
1 pair of tennis shoes
1 pair of casual shoes
1 pair of church shoes
1 pair of winter boots/mud boots
1 pair of hiking boots
1 Bible
1 winter coat, hat, gloves and one spring jacket
2 or 3 pairs of jeans (no rips or tears)
Casual shirts or t-shirts (for free time)
Camis or tank tops (to wear *under* shirts only)
1 sweatshirt or hoodie (no inappropriate wording or logos, secular bands, Hustle Trees, etc.)
A modest, one-piece swimsuit
Longer, modest shorts for summer
Bath Towels

Bedding:

Twin Bedding (blanket and sheets)
A favorite pillow and/or blanket
Stuffed animal (if desired)

Personal Hygiene Products: one each, no aerosols, no alcohol-based products

Deodorant
Body wash
Hairbrush/comb
Toothbrush and toothpaste
Electric razor
Blow dryer and curling iron or flat iron (if needed)

Miscellaneous:

2 durable water bottles (clear)

Documentation:

Copy of Birth Certificate
Social Security Card
Health and Dental Insurance Card
Driver's License or Photo ID (if they have one)
School Transcripts
Immunization Record

School Supplies:

Pencils (no pens)
Highlighters
Journal
Paper

*Additional funds for student's personal account using Refillable MasterCard or Visa Prepaid Debit Card. Suggested amount \$250.00.

Suggested Items:

Sweatpants
Slippers
Jewelry
Hair accessories
Scarf
Makeup
Picture albums

DO NOT BRING:

Phone
Electronics
Disposable razors
Hand sanitizer
Belts
Short shorts
Spandex
Thong underwear
Tampons
Men clothing or hygiene items

Statement of Faith

As a Christian organization, we regard the following statements as our sound doctrine of faith, based upon the holy and inspired word of God, the Bible. All students enrolled at The Refuge are required to attend scheduled worship times and Sunday worship services and to participate in the The Refuge character-building curriculum.

We believe that the **scriptures are inspired by God** and declare His design and plan for mankind.

II Timothy 3:15-17

We believe there is only **one true God**, revealed in three persons: Father, Son, and Holy Ghost.

Matt. 28:19; Isaiah 43:10-11

We believe in the **Deity of the Lord Jesus Christ**, that as God's Son, he was both human and divine.

Matt. 1:23; Phil. 2:9-11

We believe that man willingly fell into **sin**, ushering evil and death, both physical and spiritual into the world.

Rom. 5:12-19

We believe that **every person** can have a restored fellowship with God through salvation, by accepting Christ's offer of forgiveness for sin.

Acts 10:37; Rom. 10:13-15; Eph. 2:8-9

We believe in water baptism by immersion after repenting of one's sins and receiving Christ's gift of **salvation** and in the Holy Communion (the Lord's Supper) as a symbolic remembrance of Christ's suffering and death for our salvation.

Matt. 28:19; I Cor. 11:26

We believe the Baptism in the Holy Spirit is a special experience following salvation.

Acts 1:4, 8; Mark 16:20

We believe that the **physical evidence** of the Baptism in the Holy Spirit is "**speaking in tongues**" as experienced in the book of Acts.

Acts 2:4; I Cor. 12:4-10

We believe that **sanctification** initially occurs at salvation and is a progressive lifelong process of separation from evil.

Rom. 12:1-2

We believe that the "**Church**" is the **body of Christ** and consists of those people, throughout time, who have accepted God's plan of redemption (regardless of religious denomination) through the sacrificial death of His son, Jesus Christ. We believe this Church has received the **Great Commission** to go into all the world to share the Gospel of Jesus Christ.

Eph. 1:22-23; Heb. 12:23

We believe in a **divinely called and scripturally ordained leadership ministry** that serves the Church, i.e. apostles, prophets, pastors, teachers, evangelists.

Mark 16:15-20

We believe that **divine healing** of the sick was provided for in Christ's atonement.

James 5:14-16

We believe in the "**blessed hope**"—when Christ raptures His church prior to His return to earth (the Second Coming).

I Thess. 4:16-17

We believe in the **millennial reign of Christ**, when He returns with His saints at His Second Coming, and that at that time the nation of Israel will accept Him as Messiah.

Matt. 14:27, 30; Rev. 1:7

We believe that a **final judgment** will take place for those who have rejected Christ. They will be judged for their sin and consigned to eternal punishment in a lake of fire, a literal place called hell.

Matt. 25:46; Rev. 19:20

We believe in and look forward to a perfect **New Heavens and a New Earth** that Christ is preparing for all people, of all time, who have accepted Him as their personal Lord and Savior. We will live and dwell with Him there forever following His millennial reign on earth.

II Peter 3:13; Rev. 21:22

Admission Agreement

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

- ___ A. Completed application with all notarized signatures
- ___ B. Complete Medical History including all results from the current physical exam
- ___ C. Copies of insurance cards
- ___ D. Copy of birth certificate (original must be submitted at induction)
- ___ E. Copy of Social Security card (original must be submitted at induction)
- ___ F. State issued ID (Driver’s License or State ID card from DMV)
- ___ G. Results of TB test and HIV, VDRL, and Hepatitis B tests
- ___ H. Up-to-date immunization record
- ___ I. The Refuge academic and personal account funds
- ___ J. School transcripts and standardized test results

Do Not Bring Any of the Following:

- Aerosol products
- Colognes containing alcohol
- Cigarettes, lighters, matches, drugs or drug paraphernalia
- Phones, iPads, iPods, magazines or games
- Music CDs, radios or CD players

Body piercings are not acceptable at The Refuge and must be removed prior to admission.

I (We), the undersigned, have thoroughly read and do understand this application agreement. I (We) understand that any knowingly-made misstatements made on any documents, or during admissions, may result in the rejection of the applicant.

In witness thereof, the undersigned before me personally appeared, read and agreed with this Placement Agreement, and freely and willingly entered into it.

Parent/Legal Guardian Date

Parent/Legal Guardian Date

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ who is personally known to me or _____ who has/have produced identification and who did not take an oath.

NOTARY PUBLIC SEAL COMMISSION EXPIRES

Placement Agreement

1. 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, that *The Refuge* is primarily organized, as is its program, to develop not only the physical, emotional, and academic qualities of the child, but her spiritual development as well.
2. Second Party voluntarily and unconditionally, without coercion or force, relinquishes and conveys the care and custody of said minor to *The Refuge*, expressly appointing *The Refuge* as lawful attorney for said Second Party and in Second Party's name, place, and stead for and to serve on loco parentis (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 *The Refuge* 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.
3. *The Refuge* agrees to accept the care and control of said minor child while she is on the said property of *The Refuge* 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 *The Refuge* positively at all times.
4. Both *The Refuge* and Second Party understand and agree that twelve (12) months is the minimum requirement for completion of the program and that time may be added if the need arises. However, failure of the child to adjust or conform to the *Refuge* program could result in termination of the agreement prior to the specified termination date and without prior notice to the Second Party.
5. *The Refuge* does not discriminate against those who are HIV+ in its admissions procedures. Second Party understands that *The Refuge* 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.
6. Second Party further agrees that cooperation with *The Refuge*, not only in monthly financial support, but also in the all outside activities (ie. Church services, conferences, etc.), personal participation of off campus passes, parent meetings, etc. is essential to the success of the attempt by both the Second Party and *The Refuge* to rehabilitate the minor child.
7. Second Party acknowledges that *The Refuge* accepts students at the ages of 12 to 17 who may not complete the program prior to their 18th birthday. *The Refuge* and Second Party acknowledge students will be allowed to participate and complete the entire program after their 18th birthday, if necessary.

(PAGE 1 OF 2 PLACEMENT AGREEMENT)

Placement Agreement (continued)

(PAGE 2 of 2 PLACEMENT AGREEMENT)

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 **The Refuge** 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 *The Refuge*, engaged in the care of minor children in a Christian Boarding School, and _____, parent(s)/legal guardian(s) of _____, the child, whose address is _____.

Parent/Legal Guardian Date

Parent/Legal Guardian Date

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____ by _____ who is personally known to me or _____ who has/have produced identification and who did not take an oath.

NOTARY PUBLIC SEAL COMMISSION EXPIRES

Financial Agreement

The Second Party, parent/legal guardian, covenants and agrees to assist in the support of said student while in the custody of THE REFUGE TEEN CHALLENGE through tuition in the sum of \$3,200 each month. Subsequent payments of \$4,250 are due on the first day of each month thereafter as long as this agreement is in effect.

**MONTHLY
ENROLLMENT FEES**

\$3,500

ALL FEES ARE NON-REFUNDABLE. Second Party understands and agrees that whether the said student remains at *THE REFUGE* none of the tuition fees, school curriculum fees, uniform fees, intake fees or student account fees are refundable. THERE WILL BE NO PRORATING OF TUITION UPON EARLY WITHDRAWAL.

LATE TUITION will result in the following actions: Notification by email will be sent when payments are not received by the third day following the due date. If no payment is received after the seventh day following the due date, the student will discontinue academic work at The Refuge. In its stead, she will pursue character quality studies assigned her (PSNC Contract). Upon receipt of the tuition payment, the student will resume academic studies. Failure to bring the account up-to-date within thirty (30) days following the due date will result in the dismissal of the student from the Refuge program. All prepaid tuition, student account, and curriculum fees are **non-refundable** upon dismissal.

Second Party further agrees that The Refuge shall reserve the right to hold all school transcripts balance of the agreement has been paid.

The parent/legal guardian will assume responsibility for all medical and dental timethis agreement is in effect.

Parent/Legal Guardian Date

Parent/Legal Guardian Date

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ who is personally known to me or _____ who has/have produced identification and who did not take an oath.

NOTARY PUBLIC SEAL COMMISSION EXPIRES

Medical Agreement

I (We), _____, do hereby authorize *The Refuge* as agents for the

Parent/Legal Guardian

undersigned, to transport _____ and seek medical attention.

Student

IMPORTANT NOTICE! NO PSYCHOSOMATIC DRUGS WILL BE ADMINISTERED AT THE REFUGE TEEN CHALLENGE! Students who have been prescribed drugs such as Prozac, Zoloft, and Thorazine need to obtain a written release from the prescribing Physician prior to entering the program.

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 she has the following allergies:

I (We), _____, do hereby authorize Doctor or Agencies involved in previous

Parent/Legal Guardian

treatments of _____ to release any medical or psychological records of my Student minor child to *The Refuge*.

Parent/Legal Guardian Date

Parent/Legal Guardian Date

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ who is personally known to me or _____

who has/have produced identification and who did not take an oath.

NOTARY PUBLIC SEAL COMMISSION EXPIRES

Photo Release Form

INDIANA TEEN CHALLENGE PHOTO RELEASE FORM

I _____ hereby authorize INDIANA TEEN CHALLENGE Christian growth and discipleship ministry and its sub licensees, affiliates, assigns, and legal representatives to use and/or disclose protected information including my recovery story for promotional, inspirational, educational and/or informational purposes including (a) on ITC and its affiliated organization's websites, print and electronic media, (b) to the public, local, state and national government officials; (c) to reporters for local, state and national media publications, including newspapers, magazines and on-line media; and to reporters for local, state and national television broadcast stations.

I specifically authorize the use and/or disclosure of the following protected information: My name, details about my addiction, recovery and my story, my appearance on camera, in still photos or video footage for use in publications (print or electronic), web sites, audio, video, television commercial, advertising or film.

I consent to ITC recording of my voice, name, likeness, image, appearance, performance or story (all referred to as "Images") by ITC. I agree that the recording may be created in any form, including, but not limited to, photography, video recording, and digital recording and may be transferred to or duplicated using any form of media now known or later developed, including, but not limited to, digital imaging, computer media file, videotape, film, slides, photographs and audio tapes. I agree that ITC has the full right to produce, use, copy, distribute, exhibit and transmit Images, including, without limitation, the right to edit, mix or duplicate and to use or re-use Images in whole or part as ITC may elect. I agree that any Images provided by Me or recorded of Me become the sole and exclusive property of ITC in perpetuity and that ITC shall, in its sole discretion, decide if, when, and how Images are to be used. I release ITC from any and all claims I might otherwise have to control my Images including, but not limited to, claims based on a violation of the right to privacy or right to publicity, defamation, or claims to royalties or compensation of any kind. I agree that this Agreement is binding on Me and anyone who may have rights through Me, including, but not limited to, my legal heirs, personal representatives, trustees, or assigns, and that neither I nor they will have a right to bring any claim or legal action of any kind against ITC.

I understand that:

- 1. I may refuse to sign this authorization and that it is strictly voluntary.**
- 2. I may revoke this authorization at any time in writing, but if I do, it will not have an effect on any actions taken prior to receiving the revocation (i.e. ITC cannot recall Images once they are in the public domain). Further details may be found in the ITC Notice of Privacy Practices.**
- 3. Once released the information may be re-disclosed and no longer protected under federal or state confidentiality law.**
- 4. I understand that I may see and obtain a copy of the information described on this form, for a reasonable copy fee, if I ask for it.**
- 5. I may have a copy of this form after I sign it.**

Photo Release Form (continued)

;@6;3@3 F77@ 5: 3>>7@97 PHOTO RELEASE FORM

PAGE 2 of 2 PHOTO RELEASE FORM

This authorization will expire ten (10) years after the date below unless I earlier revoke this authorization as provided above.

I AM THE PARENT\LEGAL GUARDIAN OF _____ (student name), HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I HOLD THE RIGHT TO CONSENT TO THIS WAIVER AND CHOOSE TO ACCEPT THE ABOVE STATEMENT.

Parent/Legal Guardian Date

Parent/Legal Guardian Date

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ who is personally known to me or _____ who has/have produced identification and who did not take an oath.

NOTARY PUBLIC SEAL COMMISSION EXPIRES

Informed Consent / Confidentiality

The confidentiality of juvenile records maintained by this ministry is protected by Federal law and regulations. Generally, the ministry may not communicate to a person outside the program that a named student attends the program, nor does it disclose any information identifying a student with a life-controlling problem, especially alcohol or drug abuse *unless*:

- The student and parent/legal guardian consent in writing
- The disclosure is required by a valid and binding court order
- The disclosure is made to medical personnel or legal authorities on a “need to know” basis and in a courteous and professional manner

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 the contents thereof.

Parent/Legal Guardian Date

Parent/Legal Guardian Date

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ who is personally known to me or _____ who has/have produced identification and who did not take an oath.

NOTARY PUBLIC SEAL COMMISSION EXPIRES

Runaway Agreement

The Refuge 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 *The Refuge*, but in the event a child runs away, the following policy is in effect:

1. The Second Party, parent/legal guardian, 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 *The Refuge* accepts children who may have a history of running away and that this is one of the rebellion issues addressed in the program.
3. The Second Party agrees that *The Refuge* will not be held responsible for the safety of any minor child that runs away from the facility.
4. The Refuge will report a runaway child to the local authorities to facilitate her return. *The Refuge* will not be held responsible for finding a runaway child.
5. The Refuge 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 her 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 her program.

I have read, understand and agree to the ***The Refuge*** Runaway Agreement.

Parent/Legal	Guardian	Date

Parent/Legal	Guardian	Date

STATE OF _____
 COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ who is personally known to me or _____ who has/have produced identification and who did not take an oath.

NOTARY PUBLIC	SEAL	COMMISSION EXPIRES

Christian Conciliation and Arbitration Agreement

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

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 relationships in accordance with the principles stated in 1 Corinthians 6:1-8, Matthew 5:23-24 and Matthew 18:15-20.

Accordingly, both parties 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

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ who is personally known to me or _____ who has/have produced identification and who did not take an oath.

NOTARY PUBLIC SEAL COMMISSION EXPIRES

Online School Agreement

I _____ understand The Refuge Teen Challenge is allowing me to enroll in online courses to further my education while in their care. I agree to follow the guidelines and rules listed below and take full responsibility and accept the consequences should I fail to comply.

STUDENT RULES:

- Do not use computer outside of assigned hours (no internet access during night school)
- Do not visit social media sites, music, media, or web surfing
- Never give your password to another student or allow anyone to work on your pc
- Ensure computer is put in the School Administrator’s office when not in use
- Do not tamper with/change computer or network settings
- Do not access or attempt to access adult websites
- Do not change any account passwords
- Do not access computer apps on the “not allowed” list (see Lan School Policies)
- Computer is for education purposes only

POLICIES:

Lan School:

- We use software to monitor student’s computer activity which has several features, but primarily is utilized to:
- Allow or block specific websites and computer apps
- Monitor internet and keystroke history

Social Media:

- Students will submit login information for all social media / email accounts to the school administrator. School administrator reserves the right to change account credentials and inform parent/guardian.

eMail:

- Students and parents agree not to communicate via email.

CONSEQUENCES:

Violation of any of The Refuge policies may result in losing the privilege of distance learning, access to computer and subject to the enrolling school’s policies for grades and enrollment. The Refuge Teen Challenge will not refund or reimburse monetary losses which occur because of online education policies violated by student.

PARENT/GUARDIAN SIGNATURE _____ DATE

STUDENT SIGNATURE _____ DATE

Dismissal Policy

The following policy will be followed when a student is declared "dismissed" from Teen Challenge.

The parent(s) and or guardian(s) of the student will be notified of the intent to dismiss and may be provided with a list of possible alternative placements for their student.

Parent(s) or guardian(s) are responsible for researching the appropriateness of other placement options and applying to those locations.

Pick up and transportation of the student back home or to the accepting center will be the responsibility of the parent(s) and/or guardian(s). Teen Challenge will not transfer a student from our facility to another.

All paid tuition is non-refundable.

Once a student is dismissed the parents have 24 hours to arrive on campus to pick their student up or DCS will be contacted. Teen Challenge will not be held liable for any missing belongings of your child.

Parent/Legal Guardian Date

Parent/Legal Guardian Date

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ who is personally known to me or _____ who has/have produced identification and who did not take an oath.

NOTARY PUBLIC SEAL COMMISSION EXPIRES

Discipline Policy

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. All students receive a copy of the Student Handbook.
2. The offense will be clearly discussed with the child.
3. A staff member will share Scriptural applications with the child.
4. The discipline to be applied for the offense may be restrictions on the activities of the student.
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 do not work (student continues to accumulate an excessive amount of disciplines) time may be added to the student's program.

 Parent/Legal Guardian Date

 Parent/Legal Guardian Date

STATE OF _____
 COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ who is personally known to me or _____ who has/have produced identification and who did not take an oath.

 NOTARY PUBLIC SEAL COMMISSION EXPIRES

Visitation Policy

I (We) agree that it is vital to the restoration of our family for my child to be visited on the pre-scheduled and designated visitation days, referred to hereafter as Parent Visit Weekend. I further agree to abide by the entire Teen Challenge visitation policies:

Students are eligible for visits during the **2nd** month of residence or at the next pre-scheduled Parent Visit Weekend following the **2nd** month. Parents are notified by email or phone call.

It is mandatory that all Parents/Legal Guardians attend every Parent Visit Weekend. Failure to attend scheduled visits and parenting classes could result in your child's dismissal.

Split families must work out an acceptable agreement between the parents and notify Teen Challenge of the agreement.

Once they have successfully completed their **2nd** month visit they are permitted an off campus pass. Passes and visits are a privilege and not a right. They can be taken away at any time for disciplinary reasons.

Parents/Legal Guardians are expected to strictly adhere to the Leave Agreement directives, a signed document outlining the rules to be enforced while off-campus. The student will be thoroughly searched upon return from the off-campus pass.

The purpose of the off-campus pass is not primarily for entertainment, but for the opportunity to grow together as a family unit.

I (We), the undersigned, have thoroughly read and do understand this legally binding agreement.

Parent/Legal Guardian Date

Parent/Legal Guardian Date

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ who is personally known to me or _____ who has/have produced identification and who did not take an oath.

NOTARY PUBLIC SEAL COMMISSION EXPIRES