

# New Horizons Youth Ministries Enrollment Packet

(Step 2 of 3)

Spring 2006

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# Parent Checklist for Student Enrollment

	Item	Comments
1.	Completed Psychological Release Form	If you have not already done so, this is to be completed by you and given to your child's counselor or psychologist.
2.	Student Application	Please sign even if your child has not completed this form. We will have him/her complete it after enrollment.
3.	Legal Authorizations	We MUST have these in order for your child to be legally placed with us.
4.	Unescorted Travel Form	This gives us written permission in case you ever verbally request your child to travel alone.
5.	Medical Information Release Form	Please complete and sign this form for your child's medical file. Also include a copy of your insurance card (front and back).
6.	Health History with Record of Immunizations	Indiana State Law prohibits us from allowing a student to remain in New Horizons Academy without complete immunization records. This is a MUST!
7.	High School Transcripts	This is a MUST for placing your child in the proper classes. Please request an unofficial transcript from your child's current school until they send us an official one.
8.	Signed NHYM Official Transcript Release Form	This will be used when your child leaves NHYM.
9.	Financial Enrollment Agreement	This will be sent as soon as we have a definite enrollment date for your child.
10.	Clothing and Items from Needs List	Please follow this list carefully.
11.	Two Birth Certificates with raised seals* (Only one is necessary for NHA placement)	One is for the trip to the Dominican Republic and the other is for making passport application.
12.	Tourist Card	This will be purchased in Miami or the Dominican Republic- <b>CVS</b> only
13.	Government/State Issued ID Card	Photo ID/Driver's License
14.	Passport (or signed Passport Authorization Form)	If applying for passport, please do so BEFORE admission-CVS only
15.	Plane ticket which includes an OPEN return from Santiago, Dominican Republic to Ft. Wayne, IN	Dominican Republic law requires a return ticket.
16.	Prescription medication	One months supply for NHA and CVS Three month supply for MWA

Three month supply for MWA

### **Student Application Form**

Name				
Nickname		Telephone (	)	
Stre	et City	ý	State	Zip
Age	Date of Birth	M [_] F[	Grade	
I,	, do hereby apply	for admission as a s		ow listed schools.
	Escuela Caribe, Jarab	-		
Courses I would like	to take while enrolled in New H	orizons Youth Minist	ries are:	
My parents and I are instruction activities,	to abide by the school regulation fully aware that in travel by aut I am undergoing certain risks in nout medical facilities.	omobile or other con	veyances to or on wilde	
In consideration of, a	and as part payment for the righ	t to participate in suc	h wilderness trips or oth	her services and activities

In consideration of, and as part payment for the right to participate in such wilderness trips or other services and activities arranged for me, my parents and I will and do hereby assume all the above liability, actions, causes of actions, debts, claims, demands of every kind and nature whatsoever which may arise from, or in connection with, my participation in these activities.

Student Signature

Parent Signature

Parent or Legal Guardian Signature

Date

Date

Date

Legal Authorization for \_\_\_\_\_

1. By signing below, I am giving authorization to these three separate legal entities of New Horizons Youth Ministries:

*New Horizons Academy*, 1002 S 350 E, Marion, IN 46953 *Escuela Caribe*, Jarabacoa, Dominican Republic, West Indies *Missanabie Woods Academy*, Missanabie, Ontario, P0M 2H0

- 2. I herein affirm that I am in agreement with this enrollment in New Horizons Youth Ministries and will cooperate to the best of my ability with its rules and regulations for the spiritual and therapeutic well-being of and our entire family.
- 3. I do hereby grant temporary custody of \_\_\_\_\_\_\_to New Horizons Youth Ministries for the period of his/her enrollment in New Horizons Youth Ministries. This means that New Horizons Youth Ministries will have the final therapeutic say regarding my child as long as he/she is enrolled in their care.
- 4. I authorize any consultation by a legal professional as deemed necessary by New Horizons Youth Ministries to protect the physical, emotional, and spiritual health of \_\_\_\_\_\_\_ and to directly or indirectly be responsible for all expenses incurred by the above authorized examinations or treatment. It is understood that I (we) shall be notified of any treatment and/or emergency care and agree to cooperate in executing any necessary doctor, hospital, or insurance forms as soon as I (we) have been notified of the necessity of the same.
- 5. I hereby state that I am aware that New Horizons Youth Ministries will have an education and a treatment plan completed for \_\_\_\_\_\_ within 45 days of enrollment and every six (6) months thereafter, and that I (we) will cooperate in this process.
- 6. I hereby affirm that I (we) will be financially responsible for \_\_\_\_\_\_ and will pay the amount stated in the Financial Enrollment Agreement with New Horizons Youth Ministries.
- 7. I hereby give permission for all of \_\_\_\_\_\_ letters, phone calls, and communications to be monitored according to New Horizons Youth Ministries' rules and policies.
- 8 I hereby grant permission for \_\_\_\_\_\_, while enrolled in New Horizons Youth Ministries, to travel internationally with an authorized agent of New Horizons Youth Ministries.
- 9. As a New Horizons Youth Ministries student, it is assumed that, for the purpose of providing information concerning New Horizons Youth Ministries, the name and appropriate pictures of \_\_\_\_\_\_ may be used by New Horizons Youth Ministries.
- 10. Because New Horizons Youth Ministries is a parent-driven Board, they require, and I agree, to have my (our) name(s) and phone numbers given as a reference to other prospective New Horizons Youth Ministries parents and will honestly answer their questions.

Parent/Legal Guardian

Date

Witness

Date

Parent/Legal Guardian

Date

Witness

Date

#### New Horizons Youth Ministries, Inc. 1002 South 350 East / Marion, IN 46953 / 1-800-333-4009

## **AUTHORIZATION TO RELEASE/DISCLOSE INFORMATION**

<i>I</i> ,			, residing at	
ſ	Name of Client			
Street Address of Client	City	/ St	ate	Zip Code
authorize the exchange of info	ormation between New Ho	rizons Youth Minis	stries, Inc. an	d
	Name of Person	and/or Organizatior	]	
regarding my participa	ation and treatment for the	purpose of plann	ing and imple	ementing treatment:
Please specify:				
Treatment Summ	nary of Progress Notes		Psyc	chological Testing Report
Evaluation Resul		Othe	er Pertinent Information	
**1	*****	****	*****	
This release expires I understand that I may revoke t disclosure.	(This period may no his consent at any time by g	ot be longer than iving written notice	60 day to the person	s 1 year.) or organization making
Signed:		D	ate Signed: _	
Relationship to Client:				
Witness:		Da	ate Signed: _	

#### NOTICE TO RECIPIENT OF NEW HORIZONS YOUTH MINISTRIES, INC. INFORMATION:

This information has been disclosed from records, which are confidential. Any further disclosure if it without specific written consent of the person to whom it pertains exceeds the limits of this release. A general authorization for the release of other information is not sufficient for this purpose.

Client Name

Transcript Release Form (to be completed and mailed to your child's current school)

TO:						
_	Name of School	ame of School Fax Nu				
-	Address	City	State	Zip		
RE: _						
	Name of Student					
TO W	HOM IT MAY CONCERN:					
			as been enrolled in			
	Νε	ew Horizons Youth Ministries.				
	New H	orizons Youth Ministries includes	:			
		y, 1002 S 350 E, Marion, IN 469 Icoa, Dominican Republic, West I				
	Missanabie Woods Aca	demy, Missanabie, Ontario, Can	ada POM 2HO			
	Please send a copy of his/her transcript	and medical records to:				
		ADMISSIONS				
	New	w Horizons Youth Ministries				
		1002 S 350 E				
		Marion, IN 46953 (800) 333-4009				
		(				

Signed: Parent or Legal Guardian

Address

City

State

Zip

### **Official Transcript Release Form**

(to be used upon student's departure from our program)

TO:

New Horizons Youth Ministries 1002 S 350 E Marion, IN 46953 (800) 333-4009, ext. 108

#### To Whom It May Concern:

Please send a copy of the official transcript for \_\_\_\_\_\_\_\_to the person listed below. I hereby authorize release of the transcript to:

Name of School		
Address		
City	State	Zip
Attention:		
Signed: Parent or Lega	L Guardian	Date

IMPORTANT: Please sign and return this form to our office so that when your child leaves New Horizons we can release the transcript with a phone call. We must have your signature in order to release any transcript. Thank you.

# Parent's Passport Authorization

l, the undersigned, do	hereby certify that I a	m the legal guardia	n of	, bor		
at on	t on, 19 I do further certify that the above na					
placed in the temporar	ry custody of the New	Horizons Youth Mi	nistries' staff	so that he/she may		
attend one of the school locations listed below. I hereby give the New Horizons Youth Ministries'						
staff permission to app	oly for a passport for l	my child.				
Es	v Horizons Academy, 1 scuela Caribe, Jarabaco nabie Woods Academy,	oa, Dominican Repu	Marion, IN 46 blic, West Indi	es		
	Parent/ Legal Guardian Signature					
	Address					
	Address					
	City	State	Zip			
			Zip			
ARIZED:	City					
ARIZED: State of	City Telephone	Da				
	City Telephone	Da				
State of	City Telephone SS:	Da				
State of	City Telephone SS: ned, a Notary Public		ate			
State of County of Before me the undersign	City Telephone SS:	Da	ate			

# Parent's Travel and Immigration Authorization Dominican Republic

		NOTE TO PARENT completed, signed, a ra	e it notarized with a	2		
l, the	undersigned, o	do hereby certify that	l am the leg	gal guardian of		, born at
		on	, 19	I do further o	certify that the abov	ve named child has been
placed	in the tempora	ary custody of the New	v Horizons	Youth Ministrie	es' staff so that he/s	she may attend school at
		Escuela Caribe, J	larabacoa, l	Dominican Rep	ublic, West Indies.	
		Parent/Le	gal Guardia	n Signature		
		T arent/Le	gai Guardia	noignature		
		Address				
		City		State	Zip	
		Ony		Olulo	Σιρ	
		Telephone	;		Date	
ΝΟΤΑΙ	RIZED:					
	State of:	SS: _			County of:	
	Before me the u	undersigned, a Notary F	Public			
	for			County, Stat	e of	,
	personally appe	eared			, and acknowled	ged the
	execution of thi	s instrument this	day of_		20	
(SEAL)					, Notary Public	
	My commission	expires:				

# Parent's Travel and Immigration Authorization Canada

	]							
	NOTE TO PARENTS: This is an important form, which must be completed, signed, and notarized. Please have it notarized with a raised seal if at all possible.							
	l					]		
<b>I</b> , 1	the undersigned,	do hereby	certify that I am the	e legal guardian of		, born at		
		on	,	, 19 I do further	certify that the a	bove named child has been		
р	laced in the temp	orary cust	ody of the New Hori	izons Youth Ministrie	s' staff so that he	e/she may attend camp at		
			Missana	abie, Ontario, Canada	а.			
			Parent/Legal Gua	Irdian Signature				
			Address					
			City	State	7in			
			City	State	Ζιρ			
			Telephone		Date			
ΝΟΤΑ	RIZED:							
			66.		County of			
					County of			
		-	d, a Notary Public					
	for			County, Stat	e of	,		
	personally appea	sonally appeared, and acknowledged the						
	execution of this	instrumer	nt this day	/ of		20		
(SEAL)					, Notary Public			
	My commission	expires:						

#### New Horizons Youth Ministries, Inc.

1002 S 350 E Marion IN 46953 (800) 333-4009

I hereby authorize \_\_\_\_\_\_ to travel unescorted (only upon future verbal telephone

authorization) to or from New Horizons Youth Ministries by him/herself with no supervision. I absolve New Horizons

Youth Ministries and its staff of any responsibility as stated in item Number 9 of our School Financial Enrollment

Agreement.

#### New Horizons Youth Ministries includes:

New Horizons Academy, 1002 S 350 E, Marion IN 46953 Escuela Caribe, Jarabacoa, Dominican Republic, West Indies Missanabie Woods Academy, Missanabie, Ontario, Canada POM 2HO

Parent/Legal Guardian Signature Date

In the event you should ever want your child to travel unescorted, this form will give us your written permission only after we have obtained your verbal permission.

#### NOTARIZED:

	State of:	_ SS:	County of:
	Before me the undersigned, a No	otary Public	
	for		County, State of,
	personally appeared		, and acknowledged the
	execution of this instrument this	day of	20
(SEAL)			, Notary Public
	My commission expires:		

# Medical Information Release Form

Student's Name		Social Security No	umber
Insured's Name		Social Security N	umber
Insured's Place of Employme	nt	Company Phone N	lumber
	Name of Insurance Co	npany	
	Address		
City	State		Zip
Insurance Company's Phone Nu	mber	Plan I.D. or Number	
I/We authorize <u>New Horizons Youth Minis</u> concerning the above named student for	<u>stries</u> , 1002 S 350 E, Ma the sole purpose of obta	rion, IN 46953, to release me ining insurance benefits.	dical information
Student Signature (if ove	er 18)		
Parent or Legal Guardiar	ו Signature		
Address			
City	State	Zip	

Please enclose a copy of your Insurance Card (front and back) for our files.

# **Student Health History**

1002	lete and r Horizons S 350 E on, IN 469	Youth Mir	nistries	Please Print				
First Name: Last Name:								
Address: Date of Birth:								
City, State, Zip: Social Security No:								
Sex: M F Marital Status: S M D W Family History of Student:								
	Age	DOB	State of Health	Occupation	Age of Death	Cause of Death		
Father								
Mother								
Brothers								
Sisters								

# Have Any of the Student's Relatives Ever Had Any of the Following?

	Yes	No	Relationship
Tuberculosis			
Diabetes			
Kidney Disease			
Heart Disease			
Arthritis			
Stomach Disease			
Asthma, Hay Fever			
Epilepsy, Convulsions			

Student's Personal History: (Please answer all questions. Comment on all positive answers in space below or on a separate sheet of paper.)

Has he/she had?	Yes	No		Yes	No		Yes	No
Scarlet Fever			Frequent Depression			High/Low Blood Pressure		
Measles			Asthma			Rheumatic Fever or Heart Murmur		
Diabetes			Worry or Nervousness			Disease or Injury of Joints		
German Measles			Recurrent Headaches			"Trick" Knee, Shoulder, Etc.		
Mumps			Recurrent Colds			Back Problems		
Chicken Pox			Head Injury with/out Unconsciousness			Surgeries		
Malaria			Hay Fever			Appendectomy		
Gum or Tooth Trouble			Tuberculosis			Tonsillectomy		
Sinusitis			Shortness of Breath (cause)			Hernia Repair		
Eye Trouble			Allergies *Need doctor's order (per state)			Other		
Ear, Nose, Throat Trouble			Penicillin			Tumor, Cancer, Cyst		
Insomnia			Sulfonamide			Jaundice/hepatitis		
Frequent Anxiety			Serum			Stomach or Intestinal trouble		
Dizziness, Fainting			*Foods (which)			Gallbladder Trouble or Gallstones		
Weakness, Paralysis			*Insect Bites (which)			Recurrent Diarrhea		
Venereal Disease			Pain pressure in chest			Rupture, Hernia		
Albumin/Sugar in Urine			Chronic Cough			Recent Gain or Loss of Weight		
Frequent Urination			Palpitations (heart)			Females Only		
COMMENTS:	-					Irregular Cramps		
					-	Severe Cramps		
					-	Excessive Flow		
					-	Has not started		
				÷	-	Date started		

Are glasses needed? Y N	Date of last eye exam//_	

Are contact needed? Y N	Eyeglasses Prescription

#### Dental:

Name of Dentist: \_\_\_\_\_

Date of last exam \_\_\_/\_\_\_/ Braces: Y N Retainers: Y N

Phone No: \_\_\_\_\_

Physical:

Phone No:

Date of last physical \_\_\_\_/\_\_\_/ \*Send copy of last physical

Family physician's name \_\_\_\_\_

List any activity restrictions (should be accompanied by doctor's order):

List all current medications, dosage, and times to be administered: \*Please do not send over-the-counter medications without a doctor's written prescription.

List past medications and reasons why they were discontinued:

#### **Emotional:**

Short history of any emotional or behavioral problems:

List anything you feel we should know concerning your child's health (injuries, operations, illnesses, allergies, medications

needed, dental needs) and drug allergies and reactions to those drugs:

#### History of Immunizations & Tests: (Indicate Month & Year)

	1	2	3	4	5	Most recent booster
DTP/Td						
Tetanus Recommend w/in 5yrs						
TOPV (polio)						
Measles						
Mumps						
MANTOUX* TB skin test						
Chest X-Ray (if skin test is positive)						
Hepatitis B						
Haemophilus influenza B						
Varicella (chicken pox)						
BCG						

\*TB Tine is not acceptable by Indiana State Law. The Mantoux Test is required.

\*\*If no immunization record exists due to religious reasons, a written letter stating so must be attached. (According to state law)

\*What is your child's blood type? \_\_\_\_

To the best of your knowledge, has the applicant been exposed to any communicable diseases within the past three weeks? Yes No

If yes, please explain:

This is to authorize any examination by a qualified physician deemed necessary to protect the health of

\_\_\_\_\_\_ and all necessary treatment, medication, hospital admittance and/or emergency services deemed necessary by a qualified physician to protect the health of \_\_\_\_\_\_ while enrolled in any of New Horizon Youth Ministries' schools.

Signed:		Date:
	Mother or Legal Guardian	
Signed:	Father or Legal Guardian	Date:
Witness	Famer of Legal Guardian	Date:

## **Progress Reports**

At New Horizons we strive maintain excellent parent communication. As part of this effort, we provide continual reports of your child's progress that are available through our website. The first reports do not appear until about 7 weeks after enrollment for the long-term programs and about 3 weeks after enrollment for the short-term programs.

If you haven't received your username within 5 days of enrollment, please send an email to webmaster@nhym.org with the first and last names of the student and parents as well as the school the student is currently attending.

To access this section of the website navigate to http://www.nhym.org/nhym\_login.shtml. If you are looking for your child's Progress Reports, browse to "Parent Services", and then click on "View Progress Reports" after you have logged in.

If you get an error message while trying to view a report, it means the report is not yet available.

For any other non-website related concern, please contact parents@nhym.org.