



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- CVS 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

Student Application Form

Name _____ Social Security # _____
Nickname _____ Telephone (_____) _____
Address _____
Street City State Zip

Age _____ Date of Birth _____ M F Grade _____

I, _____, do hereby apply for admission as a student in one of the below listed schools.

New Horizons Academy, Marion, Indiana
Escuela Caribe, Jarabacoa, Dominican Republic, West Indies

Courses I would like to take while enrolled in New Horizons Youth Ministries are:

If accepted, I agree to abide by the school regulations and the decisions of my student group.

My parents and I are fully aware that in travel by automobile or other conveyances to or on wilderness trips or on instruction activities, I am undergoing certain risks including, but not limited to, the hazards of traveling, accident or illness in remote places without medical facilities.

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 _____ Date _____

Parent Signature _____ Date _____

Parent or Legal Guardian Signature _____ Date _____

AUTHORIZATION TO RELEASE/DISCLOSE INFORMATION

I, _____, residing at
Name of Client

Street Address of Client City State Zip Code

authorize the exchange of information between New Horizons Youth Ministries, Inc. and

Name of Person and/or Organization

regarding my participation and treatment for the purpose of planning and implementing treatment:

Please specify:

- _____ Treatment Summary of Progress Notes
- _____ Psychological Testing Report
- _____ Evaluation Results
- _____ Other Pertinent Information

This release expires _____ (This period may not be longer than _____ 60 days _____ 1 year.)
I understand that I may revoke this consent at any time by giving written notice to the person or organization making disclosure.

Signed: _____ Date Signed: _____

Relationship to Client: _____

Witness: _____ Date 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 Fax Number

Address City State Zip

RE: _____
Name of Student

TO WHOM IT MAY CONCERN:

_____ has been enrolled in
New Horizons Youth Ministries.

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

Please send a copy of his/her transcript and medical records to:

ADMISSIONS
New 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 Legal 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

NOTE TO PARENTS: This is an important form, which must be completed, signed, and notarized. Please have it notarized with a raised seal if possible.

I, the undersigned, do hereby certify that I am the legal guardian of _____, born at _____ on _____, 19____. I do further certify that the above named child has been placed in the temporary custody of the New Horizons Youth Ministries' 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 apply for a passport for my child.

*New Horizons Youth Ministries includes:
New Horizons Academy, 1002 South 350 East, Marion, IN 46953
Escuela Caribe, Jarabacoa, Dominican Republic, West Indies
Missanabie Woods Academy, Missanabie, Ontario, Canada POM 2HO*

Parent/ Legal Guardian Signature

Address

City State Zip

Telephone Date

NOTARIZED:

State of _____ SS: _____

County of _____

Before me the undersigned, a Notary Public

for _____ County, State of _____,

personally appeared _____, and acknowledged the execution

of this instrument this _____ day of _____ 20_____ .

(SEAL) _____, Notary Public

My commission expires: _____

**Parent's Travel and Immigration Authorization
Dominican Republic**

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.

*I, the undersigned, do hereby certify that I am the legal guardian of _____, born at _____ on _____, 19____. I do further certify that the above named child has been placed in the temporary custody of the New Horizons Youth Ministries' staff so that he/she may attend school at **Escuela Caribe, Jarabacoa, Dominican Republic, West Indies.***

Parent/Legal Guardian Signature

Address

City State Zip

Telephone Date

NOTARIZED:

State of: _____ SS: _____ County of: _____

Before me the undersigned, a Notary Public

for _____ County, State of _____,

personally appeared _____, and acknowledged the

execution of this 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.

I, the undersigned, do hereby certify that I am the legal guardian of _____, born at _____ on _____, 19____. I do further certify that the above named child has been placed in the temporary custody of the New Horizons Youth Ministries' staff so that he/she may attend camp at
Missanabie, Ontario, Canada.

Parent/Legal Guardian Signature

Address

City

State

Zip

Telephone

Date

NOTARIZED:

State of _____ SS: _____ County of _____

Before me the undersigned, a Notary Public

for _____ County, State of _____,

personally appeared _____, and acknowledged the

execution of this instrument 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 Notary Public

for _____ County, State of _____,

personally appeared _____, and acknowledged the

execution of this instrument this _____ day of _____, 20_____.

(SEAL) _____, Notary Public

My commission expires: _____

Student Health History

Please complete and return to:
 New Horizons Youth Ministries
 1002 S 350 E
 Marion, IN 46953

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		

Optical:

Are glasses needed? Y N

Date of last eye exam ____/____/____

Are contact needed? Y N

Eyeglasses Prescription _____

Dental:

Name of Dentist: _____

Phone No: _____

Date of last exam ____/____/____

Braces: Y N Retainers: Y N

Physical:

Family physician's name _____ Phone No: _____

Date of last physical ____/____/____

*Send copy of last physical

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: _____ Date: _____
Father or Legal Guardian

Witness _____ 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.