

HARBOR OAKS BOARDING SCHOOL
P.O. BOX 2001
Mars Hill, NC 28754

(828) 680-9173 Office
(828) 777-1959 Cell

Student Name: _____

Date of Admission: _____

Date of Birth: _____ Place of Birth: _____

Place of Birth: _____

Social Security Number: _____

Religion: _____ Race: _____

Reason for Placement _____

Referred by: _____

Address: _____

To be filled out by Admissions Staff			
Completed Application	_____	Physical Exam	_____
Birth Certificate	_____	Immunization Record	_____
SS Card	_____	Telephone List	_____
Insurance Card	_____	School Record Release	_____
Signed by Admissions Representative		Date	

FAMILY INFORMATION

Mother	_____	DOB	_____
Address	_____	SS #	_____
City	_____	State, Zip	_____
Telephone: Home	_____	Work	_____
Cell	_____	Fax	_____
Email	_____		

Father	_____	DOB	_____
Address <i>(If different)</i>	_____	SS #	_____
City	_____	State, Zip	_____
Telephone: Home	_____	Work	_____
Cell	_____	Fax	_____
Email	_____		

Stepmother	_____	DOB	_____
Address	_____	SS #	_____
City	_____	State, Zip	_____
Telephone: Home	_____	Work	_____
Cell	_____	Fax	_____
Email	_____		

Stepfather	_____	DOB	_____
Address	_____	SS #	_____
City	_____	State, Zip	_____
Telephone: Home	_____	Work	_____
Cell	_____	Fax	_____
Email	_____		

AGREEMENT IN PLACEMENT

IN THE INTEREST OF: _____
(STUDENT NAME)

Part I. Temporary Custody

I, _____, the legal guardian and custodian of the above captioned child, do herewith transfer **temporary** physical care, custody and control of _____ to Harbor Oaks Boarding School residing at 41 Beauty Spot Cove Road, Mars Hill, North Carolina, 28754.

This instrument authorized the Harbor Oaks Staff to obtain any medical, dental, psychological, or psychiatric treatment for _____, as deemed necessary by professionals in that field and to enroll him/her in school.

This custody agreement shall remain in effect until such time as this stipulation is suspended by order of a court of competent jurisdiction, or until this parties to this agreement feel that said custody arrangement is no longer in the best interest and welfare of my child, _____.

I, _____, affix my signature to this authorization because I feel the intent of said authorization is in the best interest and welfare of my child, _____.

Part II. Financial Agreement

Second Party covenants and agrees to assist in the support of said minor child while in the custody of the Facility by paying the Facility the sum of \$ _____ each month, with the first payment due on the _____ day of _____ 2007, and with subsequent payment begin due on the first day of each month thereafter as long as this Agreement is in effect, until all balances are paid in full, or such greater or lesser amount the Facility and Second Party might hereafter agree to in writing. Second Party agrees to place Child for a minimum of six (6) months in the Program.

Date of Placement: _____

Date

Signature of Legal Guardian/Custodian

TO AND SUBSRIBED BEFORE ME THIS _____ day of _____, 2007

NOTARY

Place seal here

HARBOR OAKS PLACEMENT CONTRACT

THIS AGREEMENT, made and entered into this _____ day of _____, 20____, by and between Harbor Oaks Boarding School, a Nonprofit Corporation, engaged in the care and rehabilitation of minor children on a Christian basis in a Christ-centered boarding school (hereinafter called the "FACILITY" or "FIRST PARTY") and

_____, of _____ the City of _____, County of _____, State of _____,

being the parent(s) or having legal custody of _____, a minor, age _____ born _____ (hereinafter called "CHILD") covenant and agree as follows:

1. It is understood by the Second Party that, in addition to providing for the room, board and education for the Child while in residence at the Facility, the Facility is primarily organized, as is its program, to develop not only the physical, emotional and academic qualities of the Child, but his or her spiritual development as a Christian as well.
2. Second party voluntarily and unconditionally, without coercion or force, **temporarily** conveys the care, custody and control of said minor Child to the Facility, expressly appointing the Facility as lawful attorney for said Second party and in said Second Party's name, place and stead for and to serve in loco parentis (in place of Second Party) of said Child for his (her) care, custody, safety, education and training (both secular and religious) and for all other responsibilities, real or legal, including all necessities which the facility deems essential for said Child. This grant of **temporary** custody and control shall commence upon signing of the Agreement by the last party hereto and shall terminate as hereinafter provided. This agreement does not replace the parental custody or rights in any way.
3. The Facility agrees to accept the care, custody, and control of said minor Child for the period and under the terms and conditions herein provided. Harbor Oaks or its Facilities are not liable for the said Child's destruction of property on or off campus. Financial responsibility, if any, will be that of the Second Party.
4. Harbor Oaks is not liable or responsible for said Child's personal property either being lost or destroyed, including items, which were left by said child upon exit of program. Parents have been encouraged to NOT send valuable personal items with the said Child.
5. If the Second Party requests of the Facility that the said Child come home for a visit, full tuition for the month is still due. The Second Party assumes financial responsibility for transportation of said child for these visits. Visit must be in accordance with the Facility's policy. The student's behavior must warrant a home visit.
6. Second party agrees not to interfere with the temporary custody or management of said Child in any way and shall not encourage or permit anyone else to do so.
7. Second Party further acknowledges that said Second Party understands that Second Party's cooperation with the Facility, not only in the financial support but

also in the personal participation in the Facility's program, is essential to the success of the attempt by both the Second Party and the Facility to rehabilitate said minor.

8. Visiting privileges and other Second Party/Child contact will be at the discretion of the Facility, and Second Party agrees to be bound by such decisions of the Facility.
9. In addition to the above, the following special agreements have been made between the Facility and the Second Party. (See list attached hereto as Exhibit "B").
10. Parent(s)/guardian(s) covenant and agree to assist in the support of said minor Child while in the custody of the Facility by paying to them the sum of \$_____ each month, with the first such payment being due upon the Child's admission to the program and with subsequent payments being due on the first day of each month thereafter so long as this Agreement is in effect. If the student enters the program after the first day of the month, the second month's tuition will be prorated. A six-month minimum commitment from parent is required.

At least (30) days prior to the termination date, (six month anniversary), the Facility will set a time to meet with the Second Party to discuss either a renewal of the Agreement or discharge of said Child.

IN WITNESS WHEREOF, the undersigned have set their hands and seals on the herein above indicated date.

Signed, sealed and delivered in the presence of:

Witness

Witness

By: _____
Facility Staff

Parent/Legal Guardian/Person having Legal Custody

Date

Parent/Legal Guardian/Person having Legal Custody

Date

(Child to sign in agreement with parent at time of Admission)

I, _____, have read the above mentioned agreement signed by my parent(s), legal guardian(s) or person(s) having legal custody of me and, by joining I with them, consent to all of the terms and conditions of the same.

Child Signature

Date

**PARTICIPATION/ATTENDANCE
PHONE CALLS/INCOMING& OUTGOING MAIL**

1. Regular Progress Reports and Report Cards will be mailed to Parents.
 - a. Calls may be made to Second Party to deal with specific issues
 - b. Second Party will call the House Parent weekly for update
 - c. Scheduled times will be given for the best time for call
2. Visitation privileges will be granted based upon student's behavior and level privileges. Parent agrees to abide by visitation policies especially these items:
 - a. Pick up and return of Child on time (as agreed upon)
 - b. Assume full responsibility for Child on visit off property
 - c. Keep Child at home with the family of Second Party on weekend visits, bearing in mind that the purpose of these visits is not primarily entertainment, but rather the opportunity to grow together as a family unit, to check progress in family relationships and to grow in handling "at home" problems.

Birthdays - Student will be allowed to go off property with family for a few hours or for the day/weekend, according to level status. This is, of course, at the discretion and ability of the family to make arrangements.

PHONE CALLS may be made to the student weekly (as agreed upon by the parent and house parent for a convenient time schedule). This will be in accordance with the Level status. Level three students have more phone privileges than Level one and two students. **All phone calls will be two-way monitored by the Staff. Any agreed changes to this must be annotated in an Amendment to Contract with signatures from Second Party and Representative of Facility.**

MAIL - Incoming and outgoing mail will be read by Staff prior to distribution to/from students. Parents will provide an authorized mailing list to Harbor Oaks no later than two weeks after placement. Any agreed changes to this must be annotated in an Amendment to Contract with signatures from Second Party and Representative of Facility.

Second Party

Representative of Facility

SPECIAL AGREEMENTS

1. I will be responsible for any medical, dental or psychiatric expenses incurred during the time this agreement is in effect. By signing, "Exhibit" I am stating that I understand and agree to my financial obligations to the Facility for the care of said Child. I also acknowledge that failure of Second Party to meet the financial obligation to the Facility will result in immediate termination of this contract and possible legal recourse by Facility to Second Party to obtain payment for services rendered for the care of said Child.
2. Parent(s)/Guardian(s) and student hereby agrees to legal Christian arbitration in a legal disagreement with the Facility or its employees, volunteers, representatives, and agents. A legal Christian arbitrator to be determined by mutual agreement of the parties will conduct such legal Christian arbitration. The decision of the arbitrator will be final and binding on all parties. Failure of the Child to adjust or conform to the Facility program may result in termination of the agreement prior to the specified termination date and without prior notice to the Second Party **based on the following infractions:** (1) Consistently leaving property without permission, (2) Striking a staff person, (3) Physical abuse of another student, (4) Illegal use of mood-altering drugs, (5) Violence and/or, (6) Consistently smoking in a nonsmoking Facility. Academic probation may occur for failure to complete schoolwork.
3. (I or We), authorize members of the Facility's accrediting organization, to review my child's _____, records as part of the annual accreditation requirement of the state of North Carolina.

I agree to support the Facility positively at all times.

Second Party

Date

Facility Representative

Date

SPECIAL AGREEMENTS

Media Authorization

I hereby give further authorization for my Child to be:

- 1. Photographed or Video taped for training, publishing and video productions
- 2. Publish personal story and photographs of the Child
- 3. Allow interviews by television, newspaper and radio media

The purpose of this consent is for the publishing of testimonials of changed lives for the encouragement to other teens that may be seeking help in similar situations. It is never used to humiliate or exploit our students in any way.

By signing, I am giving my permission for my child to do as he/she feels in this instance.

Second Party

Representative of Facility

Non-Smoking Facility

I understand that my Child will be residing in a nonsmoking facility and agree to support them in consequences that may result from my Child smoking while enrolled in this program. I understand that my Child will be required to abide by the nonsmoking rule while residing in the program.

Second Party

Representative

Child Signature

Date

Medical and Dental History

Physical Health History on Child

List any physical ailments or handicaps the child may have: _____

When was the student's last physical? _____ Results: _____

When were eyes checked last? _____ Results: _____

Does child wear glasses? _____ Contacts? _____

When was last dental exam? _____ Results: _____

Does the child have any dental problems? (If yes, please specify) _____

List any and all allergies _____

List all recent illnesses _____

Has the child ever been hospitalized? (If yes, please explain) _____

Is the child currently taking any medications? (If yes, please list) _____

Health Insurance

Insured Person _____ DOB _____ SS# _____

Health Insurance Carrier _____

Group Number _____ Plan ID # _____

Insurance Claims Address _____

City _____ State _____ Zip _____

Insurance Telephone _____

Dental Insurance

Insured Person _____ DOB _____ SS# _____

Dental Insurance Carrier _____

Group Number _____ Plan ID # _____

Insurance Claims Address _____

City _____ State _____ Zip _____

Insurance Telephone _____

Developmental History

List any issues, which led you to the decision to place your child in a residential care facility:

Does your child have any tattoos or body piercing? If so, how many and where?

Early Development

BIRTH

Was the delivery of your child on schedule? _____

If not, how early or late? _____

Was your child's birth without complications? _____

If no, what complications arose? _____

EARLY CHILDHOOD

Were there any physical injuries to your child other than the normal childhood accidents? If so, please explain. _____

Did your child walk/talk in a timely manner? If no, what age did your child begin to walk and talk? _____

Has your child been diagnosed with ADD or ADHD? What age? _____

Has your child been diagnosed Bipolar or Oppositional Defiant? _____

ADOLESCENCE

Has your child ever received psychiatric care? If yes, please list symptoms:

Has your child ever or is he/she currently taking any medication, including psychotropic medication? Please list medication and dosage:

Is your child currently under a doctor's care for any reason? If so, please explain.

Placement History

Please list treatment providers, both inpatient and outpatient, with phone numbers:

School History

Last school attended: _____ Grade: _____

Address: _____

Telephone: _____

Have you withdrawn your child from school? _____

Please list history of suspension, expulsion, or other disciplinary action taken by schools:

Reason for leaving present school: _____

To be filled out by staff of Harbor Oaks School

School Transcripts requested by: _____ *Date:* _____

Records Received: _____

