

New Horizon Christian Academy
P.O. Box 3296
Flagstaff, AZ 86003
(928) 527-4848
Allison@azteenchallenge.com



Dear Parents,

To be put on the waiting list, you must turn in ALL required documents fully completed.

Required documents:

- Faith Declaration and Policy (pgs. 4-10)
- Rules and Guidelines (pgs. 12-13)
- Cost of Program (pgs. 16-17)
- Student Application (pgs. 20-23)
- Entrance Agreement (pgs. 24-25)
- Notarized Documents (pgs. 26-30)
- Student Standing Orders and Approved Contact List (pgs. 31-32)
- Family Entrance Agreement (pgs. 33-34)

- The last 3 years' 1040 tax information
- Copy of Birth certificate
- Copy of Social Security Card
- Academic Transcripts or copy of GED/diploma
For Arizona residents ONLY, please also turn in AIMS testing scores

- Copy of Court Records (if any)
- Copy of Insurance Information
- A financial plan of how tuition requirement will be met
- Immunization records

***** Items LISTED below will not be necessary until advised by Intake Coordinator:**

- \$1000 intake fee (non-refundable)
- Physical exam
- Dental records

Thank you for your interest in *New Horizon Christian Academy*. Also thank you for allowing me the privilege to share with you about this ministry.

New Horizon is a residential program located in beautiful Flagstaff, Arizona for young men ages 12 to 17 with life controlling problems, a program that is designed to bring hope and healing to a generation of people who are facing tremendous challenges. Today there is a flood of violence and crime, rebellion against and rejection of absolute truth. ***Our purpose and mission is to evangelize students with the gospel and hope of Jesus Christ. Bringing students to a point to where they can function effectively as a Christian in society, applying biblical truths and principles in their lives and relationships, whether family, local church, vocation, or community. Our goal is to help students become spiritually mature, mentally sound, balanced emotionally and able to interact socially. Helping students to become physically well and spiritually alive!!***

What *New Horizon Christian Academy* has to offer is unique to those who are in life-controlling situations and circumstances. *New Horizon* is concerned with the whole person, body, soul and spirit. Our program structure is aware of each person's spiritual, mental, physical, social and educational needs. **1st Thessalonians 5:23**

- † **Spiritually** – *New Horizon* deals with the students' problems as symptoms, which are related to a spiritual separation from God. Issues that are deeper than the outward manifestation. We focus on spiritual needs and begin the healing process. Knowing that faith in God and a relationship with Jesus Christ brings hope and strength to overcome.
- † **Mentally** – *New Horizon* helps rebuild a mind that is often abused, and this is of key importance. **Romans 12:2** says that we are to ***"...be transformed by the renewing of your mind..."*** Consistent study of the Bible promotes and enhances mental healing and growth. God's Word also serves as the foundation for the restructuring of broken down thought patterns, which creates stability for living.
- † **Physically** – *New Horizon* cares for students and their needs on a long-term basis. Our program offers shelter, food, clothing as well recreation.
- † **Socially** – Through the benefits of living in a group setting, students are encouraged to work on relationship problems and to more successfully relate to and interact with family and peers throughout the program. This interaction promotes strong character and positive attitudes. There is also 24/7 supervision helping students to respect authority.
- † **Educational** – *New Horizon* offers two different educational opportunities. We have a GED program and we have a High School diploma program. We are a part of the Arizona Scholarship Fund, a private scholarship tax credit. This law was passed in 1997 and allows taxpayers to reduce their state income tax liability by up to \$1000 for those who file jointly, and \$500.00 for those who file single.

New Horizon consists of five phases:

† **Phase One – Engage & Educate.** The purpose and method is to conduct outreach evangelism that is directed to the community. I.E., street evangelism, juvenile detention services, hotline for abuse, various community outings and church services etc. It is here that we receive our referrals. They come to us either by probation officers recommending NHCA to families and clients as well as families who wish to intervene in their child’s destructive behavior.

† **Phase Two – Preparation/Induction.** The purpose of the first 30-45 days is for the students with life controlling issues to receive a clear presentation and witness of the gospel of Jesus Christ. This is a period of adjustment as well as spiritual response. Here the students learn to live in harmony in a group setting where they are evaluated spiritually, mentally, physically, socially and educationally. There is intense mentoring during this phase of the program.

† **Phase Three – Christian Growth through Training and Discipleship.** This 5 month phase continues and intensifies the spiritual growth of the student. We combine firm discipline with the opportunity to begin pursuing an academic education. In this phase students are also involved in work training, and begin family training through discussing and working through issues as a family.

† **Phase Four - Acclimation.** The purpose of this 3 month period is to evaluate the disposition of the student. Intense family training is continued at this phase. A personal growth plan and follow-up plan is designed specifically for each student. The student learns to cope with every day challenges that society faces by encouragement to disciple themselves as well as others. A church fellowship is established with an accountability structure in place.

† **Phase Five—Continued Education.** The purpose of this 1 month phase is to allow for completion of the educational aspect of New Horizon. The student will be required to attend the chapel services, devotional times, and fund-raising events. There will be more mentoring and accountability in this phase. For those who have completed their education, this time will be used as a follow-up and accountability period, with focus on re-acclimation into their individual home environment.

Each student that comes to us is placed on a level system. The level system consists of four levels. Students are required to do a certain amount of work in each level and will only be promoted to the next level upon completion. *NHCA* graduation ceremonies will happen once a year in the month of June. Students will be required to live a successful life out side of the program in order to be eligible for graduation.

We have proven to be:

“A Lasting Solution to the Drug Epidemic Among Today’s Teens”

Thank you,

Pastor Daniel Williamson

† STATEMENT OF FAITH †

*New Horizon Christian Academy, is a ministry independent of any particular denomination therefore, New Horizon fully embraces the doctrinal values and teaching listed below. Full acceptance of this statement **IS NOT REQUIRED** for admission or graduation from New Horizon Christian Academy.*

NEW HORIZON BELIEVES:

- † THE BIBLE IS THE INSPIRED WORD OF GOD
(2nd Timothy 3:16-17; 1st Thessalonians 2:13; 2nd Peter 1:21)
- † IN ONE GOD ETERNALLY EXISTING IN THREE PERSONS; NAMELY, THE FATHER, THE SON AND THE HOLY SPIRIT
(Deuteronomy 6:4; Isaiah 43:10; Matthew 28:19; Luke 3:22)
- † IN THE DEITY OF THE LORD JESUS CHRIST
(Matthew 1:23; Luke 1:35; Acts 2:32; Romans 1:4; Philippians 2:9-11; Hebrews 1:3)
- † IN THE FALL OF MAN
(Genesis 1:26, 2:17, 3:6; Romans 3:23, 5:12-19)
- † IN THE SALVATION OF MAN THROUGH JESUS CHRIST
(Luke 24:47; John 3:3; Romans 8:16, 10:13-15; Ephesians 2:8, 4:24; Titus 2:11-12, 3:5-7)

ORDINANCES OF THE CHURCH:

- † BAPTISM IN WATER
(Matthew 28:19; Mark 16:16; Acts 10:47,48; Romans 6:4)
- † THE LORD'S SUPPER, HOLY COMMUNION
(Matthew 26:14-30; Mark 14:17-26; Luke 22:14-30; 1st Corinthians 11:23-34)
- † THE BAPTISM OF THE HOLY SPIRIT
(Matthew 3:11; Mark 1:7,8; Luke 3:26; John 1:26; Acts 1:4-8)
- † THE WASHING OF THE SAINTS FEET
(John 13:4-17; 1 Timothy 5:9, 10)

Initials

PRACTICAL COMMITMENTS

† SPIRITUAL EXAMPLE

We will demonstrate our commitment to Christ through our practice of the spiritual disciplines; we will demonstrate our commitment to the body of Christ through our loyalty to God and commitment to His church; and we will demonstrate our commitment to the work of Christ through our being good stewards.

† MORAL PURITY

We will engage in those activities which glorify God in our body and which avoid the fulfillment of the lust of the flesh. We will read, watch and listen to those things, which are of positive benefit to our spiritual well-being.

† PERSONAL INTEGRITY

We will live in a manner that inspires trust and confidence, bearing the fruit of the Spirit and seeking to manifest the character of Christ in all our behavior.

† FAMILY RESPONSIBILITY

We will give priority to fulfilling family responsibilities, to preserving the sanctity of marriage and to maintaining divine order in the home.

† BEHAVIORAL TEMPERANCE

We will practice temperance in behavior and will abstain from activities and attitudes which are offensive to our fellowman or which lead to addiction or enslavement.

† MODEST APPEARANCE

We will demonstrate the scriptural principle of modesty by appearing and dressing in a manner that will enhance our Christian testimony and will avoid pride, elaborateness or sensuality.

† SOCIAL OBLIGATION

It should be our objective to fulfill our obligations to society by being good citizens, by correcting social injustices, and by protecting the sanctity of life.

I agree to follow these *“practical commitments”* to the best of my ability and strive to have them become a part of my daily living.

Student Signature and Date

Parent Signature and Date

ADMISSION POLICY AND ENTRANCE REQUIREMENTS

The following requirements must be completed before entering the program.

The Director must approve any exceptions.

- † The student application must be completed and the power of attorney notarized.
(please call with any questions)
- † A financial plan of how tuition requirements will be met.
- † New Horizon cannot provide medical insurance. Personal medical coverage must be secured prior to entering, or agreement to pay cost for medical treatment.
- † A valid proof of identification.
- † All legal problems must be made known to the director prior to acceptance.
- † All legal obligations including court appearances, jail time, court mandated classes, etc. must be made known to the director.
- † Necessary documents: School Transcripts/or copy of GED/diploma, Birth Certificate, Immunization Records, Dr.'s Physical, Dental Records
- † NHCA acknowledges and abides by the Interstate Compact on the placement of Children, the Indian Child Welfare Act, and the Interstate Compact on Juveniles.
- † NHCA will never refuse admission to any child on the ground of race, religion, or ethnic origin.

Falsification of information may result in denial of students' application.

Program applicants who have been involved in high risk behavior will need to have a physical and blood work done by a medical doctor.

Necessary items to bring

Linens: Bed linens will be provided; however bath towels, washcloths and pillows *must* be provided by the family.

Toiletries: Travel Toiletry Bag, Shaving Utensils, Toothbrush, Toothpaste, Deodorant, Shampoo, Body Soap, Q-tips, Face Wash, Comb, Styling Gel, etc.

Clothes:

Pants: 1 pair Black Slacks, 2 pair Khaki/ Dickies, and 2 pair of Jeans to work in.
Pants cannot be overly baggy, they **MUST** fit properly around the waste.
Underpants cannot be seen when wearing pants.

Shirts: 5 Dress Shirt (button-down or polo), 7 undershirts (NO tank-tops), 7 casual t-shirts

Jackets: 1 heavy jacket for winter and 1 lighter jacket or sweat-shirt

Shoes: 1 pair of Black Dress Shoes, 1 pair of shoes to work in, 1 pair casual, slippers (optional) and shower sandals

Other: 2 Athletic Shorts, Sweats, Pajamas, Ties (optional), Beanies, Gloves, 1 Hat (optional), Long-Johns, 2 pairs of Black Dress Socks, 7 pairs of Casual Socks, 1 Black Dress Belt, 1 Casual Belt

Extras: Bible (other books allowed if Christian author/ content), pictures of immediate family, notebooks, journals, pens and pencils, paper. Prepaid calling card, postage stamps and envelopes.

Student Allowance: Please leave money (up to \$30) for replenishment of toiletry items as they run out, unless you plan on making frequent visits to provide such items.

The director must approve all other items.

*Weather: Please understand that October through the beginning of May has the potential for snow so please provide the appropriate attire for the particular season.

*Designs and Words on clothing is acceptable, however it must be appropriate. No band logos, gang, drug, alcohol or sex related messages will be allowed.

Closet space is limited so please bring only what is listed. Laundry is done one time per week by the student. **Please mark all clothing.**

Initials

POLICY CONTINUED

“COLD TURKEY” POLICY

Our policy at NHCA for withdrawal from drug, alcohol and tobacco etc. is totally and absolutely without substitution methods or medications. NHCA’s “cold turkey” policy must be agreed upon prior to a student’s entry into the New Horizon program. Along with this you must agree to random urine drug and nicotine testing if deemed necessary by the Program Director. I have read this and understand this policy and agree to abide by this policy during my stay here at NHCA.

Initials

SEXUAL MORAL STANDARD

Our policy at NHCA in regards to sexual and moral purity upholds Christian and Biblically based standards. In our “*Practical Commitments*” that is observed by staff and students, all forms of sexual activity outside of marriage between a husband and wife are inappropriate and outside the guidelines of what God has ordained and revealed through the Scripture. Therefore, adultery, extra-marital sex, either heterosexual or homosexual, will not be permitted while in the NHCA program. I have read this and understand this policy and agree to abide by this policy during my stay here at NHCA.

Initials

STUDENT RIGHTS POLICY

Students who attend the NHCA have the following rights:

- † The right to give informed consent, or to refuse treatment or medication, and to be advised of the consequences of such a decision.
- † The right to file a grievance and go through a grievance procedure.
- † The right to a humane and safe environment, free from all types of abuse, neglect as well as exploitation.
- † The right to dignity as well as personal privacy according to the NHCA policy.
- † The right to know about the cost as well as third-party coverage of treatment.
- † The right to receive a complete explanation of student rights in a clear, non-technical manner in which the student understands.
- † The student rights shall be written in a clear, simple language appropriate to the student population.
- † There shall be a written policy to ensure that the student is not detained against the legal consenters’ will.
- † Students shall be afforded appropriate and necessary medical and psychological/psychiatric care either through referral or direct service. NHCA shall communicate who has financial responsibility for the services rendered.
- † I have read and understand this policy.

Initials

MEDICAL CARE POLICY

NHCA is not a medical care facility and is unable to provide 24 hour on-site medical care supervision. Therefore, all students who are entering into the NHCA program must have a Doctor’s physical releasing them to participate in all the activities at NHCA. If a student’s health deteriorates to the point where he is unable to participate in the daily activities of the program, or if the student requires 24 hour medical supervision, that student along with his family and Doctor should make other arrangements for treatment. I have read and understand this policy and agree to abide by this policy during my stay here at NHCA.

Initials

RELEASE OF ALL RIGHTS IN PERSONAL STORY

I do hereby irrevocably authorize NHCA and those affiliated with NHCA or acting under it's permission and on it's authority to use and publish for any lawful purpose whatsoever my personal story, which I have related to at NHCA, whether in whole or in part including any photographs of myself. I hereby waive any rights that I may have to inspect or approve the finished product or copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release and discharge NHCA, it's Successors and Affiliates, along with all person or persons acting under it's permission or authority, from any liability by virtue of misprints, error or distortion that may appear or occur; Unless it can be shown that they and the publications involved were maliciously caused, produced, and published solely for the purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn and indignity.

I do hereby warrant that I have every right to contract in my own name in the above regard, and further that all of the information in my personal story was obtained from me and not from records subject to protection by law. I further warrant that I have read the above authorization and release prior to its execution, and that I am fully aware and familiar with the contents.

Program Applicants Signature & Date: _____

Parent/ Guardian Signature & Date: _____

CONFIDENTIALITY OF NHCA RECORDS – In compliance with 42 CFR part 2.1

The confidentiality of drug and alcohol abuse patient records maintained by the ministry of NHCA is protected by Federal law and regulations. Federally the ministry may not say to a person outside the program that a student attends the program, or disclose any information identifying a student with a life controlling problem, especially alcohol or drug abuse unless: 1) *The student consents in writing;* 2) *The disclosure is allowed by court order;* 3) *The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation.*

Violation of the Federal law a 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 or Local authorities.

I warrant that I have read the above notice prior to its execution, and that I am fully aware and familiar with the contents thereof.

Program Applicants Signature & Date: _____

Parent/ Guardian Signature & Date: _____

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Student Name: _____ DOB: _____

Social Security Number: _____ - _____ - _____

Parent's Name: _____

Social Security Number: _____ - _____ - _____

I/We authorize NHCA Inc. to disclose to the following to receive information:

Name: _____ Phone: _____ Relationship: _____

Type of Information Given: _____

Purpose for Giving Information: _____

Name: _____ Phone: _____ Relationship: _____

Type of Information Given: _____

Purpose for Giving Information: _____

Name: _____ Phone: _____ Relationship: _____

Type of Information Given: _____

Purpose for Giving Information: _____

The information disclosed is from records protected by Federal Confidentiality Rules (42CFR, part 2) and State Regulations (Arizona Administrative Code R9-20-201, and Arizona Revised Statute 12-2294(F) and 36-664) The Federal and State rules prohibit the recipient of the information from making any further disclosure of this information, unless further disclosure is expressly permitted by the student's written consent, or as otherwise permitted by the Federal and State Regulations. A general authorization of medical or other information is NOT sufficient consent for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any drug and/or alcohol patient. A Photo Copy of this Consent is and will be as valid as the original.

Program Applicant's Signature & Date: _____

Parent/Guardian Signature & Date: _____

REVOCATION OF CONSENT

(Do not complete unless revocation of consent has been requested)

I/We the Parent/Guardian of _____, hereby revoke or cancel this consent effective, _____.

Program Applicant's Signature & Date: _____

Parent/Guardian Signature & Date: _____

Per Federal Regulations: No disclosure may be made on a form, which does not conform to Federal Regulations and contain the above data. Further, if the document appears false or altered, information will not be disclosed.

RELEASE OF RESPONSIBILITY

It is hereby understood that NHCA cannot and will not be held responsible for any personal property left should the student leave for any reason. NHCA cannot and will not be held responsible for and personal property lost or stolen while in the program. When I leave the program, I will take all my property with me. Any items left become property of NHCA.

It is further understood that if an application fee was paid by my family or by another party on my behalf, it is not refundable and that any program fees paid are refundable as outlined in the "Cost of Program" document.

It is further understood that I submit to periodical urinalysis and blood screening while in the NHCA.

I release NHCA from all responsibility, both physical and financial, in the case of accident, injury, illness or other imponderable misfortune.

I give NHCA permission to open and check both incoming and outgoing mail for anything that may be compromising or harmful to the integrity and welfare of NHCA and its students. I understand that all phone calls made by me or received for me will be screened and/or monitored.

It is also understood that a physical examination will be required for my admittance.

NHCA Inc. is a ministry to young men with life-controlling problems, including but not limited to, drug dependency and sexual addiction. Program applicants are advised that other students in the NHCA may have been involved in high risk behavior which have exposed them to AIDS virus in the past. I have been advised that there is a possibility that some students enrolled in the program have the potential to be HIV positive.

Program Applicant's Signature & Date: _____

Parent/Guardian Signature & Date: _____

GENERAL RULES AND GUIDELINES

APPEARANCE:

- † Hair must be kept clean and neat – no beards, goatees or long sideburns. Unacceptable hairstyles will be changed.
- † Earrings and body piercing jewelry will not be allowed. (males only).
- † Appropriate clothing for each activity is required.

BEHAVIOR:

- † Students who arrive “high” will not be admitted.
- † The use of tobacco, alcohol, or illegal drugs will not be permitted.
- † Listening to or playing secular music is not permitted.
- † Playing cards, betting and gambling are not permitted.
- † Profane language and bragging on past lifestyles will not be permitted.
- † Astrology, witchcraft or the practice and discussion of occults are not permitted.
- † Arguing with staff, interns and other students will not be permitted.
- † Proper care of all *NHCA* property is required at all times.

MAIL:

- † All mail, in or out, is limited to family, pastors, and probation officers.
- † All mail, in or out, will be screened by the *NHCA* staff.

PHONE CALLS:

- † All phone calls, in or out, are limited to family, pastors, and probation officers.
- † All phone calls, in or out, may be monitored by *NHCA* staff present in the room.
- † All phone calls must be approved by *NHCA* staff.
- † All long distance calls must be made by calling card or collect.

VISITATION:

- † Visits will begin two weeks into the program.
- † Visitation is limited to family, pastors, and probation officers only.
- † All visits must be approved by *NHCA* staff.

PERSONAL BELONGINGS:

- † *NHCA* will not store personal belongings. Please bring only necessary items.
- † *NHCA* will not be responsible for lost or stolen items.
- † *NHCA* will check all bags coming in and going out.
- † Students who leave *NHCA* or are dismissed must take all personal items with them. *NHCA* will not be responsible for items left.

Initials

OTHER:

- † Students who leave or are dismissed from *NHCA* cannot re-enter for a period of thirty days.
- † *NHCA* will not tolerate any form of violence, physical threats, or intimidation.
- † *NHCA* will not tolerate any sexually deviant behavior.
- † Willing participation in daily household chores is required.

- † Willing participation for all activities is required to attend **NHCA**. i.e.: group studies, work details, physical activities etc.
- † Will agree to random drug testing if deemed necessary by director.
- † House staff must approve and know where students are at all times.
- † All students are required to maintain cleanliness of body by showering, brushing teeth etc. on a daily basis.

I, _____, certify that I have read and understand the **NHCA** admission policy and entrance requirements along with the general rules and guidelines and agree to abide by them. I certify that I have read and understand the program application and the documents that are included in the application and agree to abide by and obey them.

Program applicant's signature

Parent, guardian, or legal custodian's signature

Today's date

NEW HORIZON EDUCATIONAL FACILITY

New Horizon academic program is specifically structured to meet the needs of the students of New Horizon Christian Academy. NHCA is a recognized educational facility by the State of Arizona Department of Education.

Most students will complete the equivalent of one academic year at New Horizon Christian Academy. Because of the year round nature of the program, the students' start and stop points are not normally at the beginning and end of a regular school semester.

School Structure

School hours are from 9 a.m. to approximately 4 p.m. on Mondays, Wednesdays and Fridays. Tuesday and Thursday from 10 a.m. to 12 p.m. Monday and Thursday nights might also be utilized for extra schooling as well. Physical Education is required 4-5 days a week. From 4:00 pm to 5:30 pm our students are involved in the Peaks Weightlifting Club, where they are trained to lift Olympic style 2-3 days a week. Tuesdays and Thursdays from 6:00 am to 6:30 am and 8:00 am to 9:30 am our students are involved in cardiovascular training which includes different sports and running, utilizing different facilities in the Flagstaff area. During the day the students devote their time to basic subject areas: math, science, language arts and social studies. In addition to these, physical activities, individual and group mentoring, behavioral training and religious studies are conducted. Also, we utilize the various hiking trails in Northern Arizona along with the National Parks and Forest.

Philosophy and Purpose

Many of the New Horizon Christian Academy students initially believe that they are not capable of substantial academic improvement. The aim of *NHCA* is for students to learn that they can be successful academically, which boosts self esteem, pride, motivation, and ultimately personal success.

The goal of *NHCA* is to academically fill the gap during the period of time that its students are enrolled in the *NHCA* program. Filling the gap means to further each student along their historical academic path so that when they return to their permanent local school they will have made a satisfactory rate of progress in terms of material covered, comprehension, and mastery of content.

The overall purpose of the educational program is to advance students academically by matching their transfer school course path as closely as possible. The aim is that when a student returns to his regular school, he will be at the appropriate academic level, and in the same basic course tract, as if his regular school progression process had not been interrupted.

Curriculum and Instruction

The curriculum is centered on a core of language arts, math, science, social studies, and personal development topics. Other special interest courses such as driver's education are incorporated on occasion. The curriculum utilizes the Mesa Distance Learning Program which is approved by the Arizona Department of Education, which allows us to do school year around.

When students enter the program they are administered assessment evaluations. Using this information, and previous school data, the performance level of the student is determined in critical areas. Students are placed in specific subjects at grade level based on review of their previous school's records. However, due to results of the assessments, students may be placed in a remedial program to elevate their basic competency level before being placed at grade level in particular subjects.

Most academic work is accomplished on a self-paced basis. Student progress is monitored by a classroom educator and volunteer tutors who provide individual one-on-one assistance as needed. Certain topics, such as personal development and religious studies, may be taught on a teacher-led group basis. Where there are several students working in the same subject, at the same pace, a class-room type instruction may be held.

Student progress is measured through normal testing procedures. Testing includes objective tests covering subject content, degree of participation in student group functions, essay quality, completion of assignments, etc.

Students are informed concurrently of their progression status. Parents are informed periodically of student progress via email student progress reports.

Contact us to inquire about your son or to answer your questions:

ACADEMIC STANDARDS AND PROCEDURES

New Horizon Christian Academy grants to those qualified a junior high diploma and a standard high school diploma. High School students who are wishing to qualify for higher education at a college or university attendance, may take the required courses and upon successful completion, having obtained and maintained an adequate grade-point average (GPA) and Scholastic Aptitude Tests (SAT) and/or American College Testing Program (ACT) scores, may qualify to attend any college or university of their choosing.

A high school student who is lacking five (5) units of required credits will not receive his/her diploma until those requirements have been fulfilled. He **may be allowed** to participate in the Baccalaureate and Commencement ceremony. A high school student who is lacking ten (10) or more units of required credits will not receive his/her diploma until the requirements have been fulfilled. He **will not be allowed** to participate in the Baccalaureate and Commencement ceremony.

HIGH SCHOOL GRADUATION REQUIREMENTS

<u>College Prep</u>		<u>General Diploma</u>	
English	4	English	4
Math	3	Math	2
Science	3	Science	2
History	3	History	3
Language	2	Electives	8
Electives	7		
Total	22	Total	19

*Note that a high school credit is one full year

*Note this represents entrance requirements for college or university

Grading Scale

Letter Grade	Numerical Grade	GPA (4.0 Scale)
A	93-100	4.0
B	85-92	3.0
C	75-84	2.0
D	70-74	1.0
F	0-69	0.0

COST OF THE PROGRAM

Dear Potential Student and Parent/Guardian:

New Horizon Christian Academy is not a free program. The cost of the program is \$35,167. However, as New Horizon staff we commit to raising over two-thirds of the cost to make our program more affordable for entering families. Our goal is to never turn away any student for lack of funds. **Yet, the cost to families is still \$10,000.00. We commit to working with families on payment plans and strategies for those raising funds.**

- † The student's family must pay an entrance fee of **\$1000.00** before entering the program. **The fee is nonrefundable**

The student's family must make arrangements with NHCA to pay a **\$9,000.00 Program Fee**.

- † **Breakdown of Program Cost**

\$21,117.00 educational fees, which covers the costs of recovering transcripts, the cost of the curriculum, along with the cost of classroom time for the teacher and staff. The curriculum consists of the GED program studies (in rare cases), the Mesa Distant Learning Program, personal tutoring, Physical Education and training, as well as additional curriculum, activities and materials cost for the men's ministry. These positions a student to attain their High School Diploma through New Horizon Christian Academy or have their earned credits transferred to another educational facility. Furthermore, eligible students have the opportunity for work-studies job though our Apprenticeship Program. Most of the studies are done via computer, which allows the student to gain valuable, basic computer skills and knowledge. NHCA mentoring is Theo-centric, meaning; all mentoring is done with a God-centered approach. New Horizon holds success in education with high regard, so every facet of New Horizon, from chores, volunteer work to classroom time, is looked at as an opportunity for education and mentoring.

\$14,050.00 will cover the housing costs (electric, water, gas, trash, etc.), meal costs (three nutritional meals per day), hourly staffing and live-on staff, transportation costs (to and from court, church, recreational activities, and vehicle maintenance etc.), building maintenance, and any other related costs.

- † The student's family will request help from other family, friends and other support people to go towards these fees, and/or assist with sponsorship (please see next form).
- † The student must also participate in fundraising events and activities as outlined by the director which may include: car washes, choir outings, and various contract labor situations. These activities are usually limited to approximately 20 hours per week.

NHCA requires that the students and their families do their best to help in these ways. The whole program, including assisting with the cost of your care, will require you to put forth a full effort. If you are unable to pay anything towards these fees, NHCA will work hard to find the support to provide for your care.

_____ Initials

COST OF THE PROGRAM CONTINUED

I, _____, certify that I have read and understand this “Cost of the Program” letter and fully agree to help to the best of my ability. I also agree to inform those that may contribute towards these fees of the guidelines mentioned above.

TERMS FOR REFUND

Request for refunds of the Intake Fee will be considered if:

- 1The student leaves the program within five days of entering.**
- 2The request for refund is made within three business days of the date the student leaves the program.**

If it is determined that a refund will be granted, the terms will be made as follows:

- 1Please allow for at least five business days for the refund**
- 2Refunds will be less \$100 per day for however many days the student was in the program.**
- 3Refunds will be less the cost to repair any damaged property.**
- 4Refunds will be less a refund processing charge of \$50.**

Parent/ Guardian Signature

Date

SPONSORSHIP LETTER

Program applicant's name

The above named individual has applied for entry into *New Horizon Christian Academy*. *NHCA* is a ten month residential program helping those with life-controlling issues including alcohol and drug abuse.

New Horizon is a non-profit, interdenominational, faith-based program. *New Horizon* of Flagstaff is financially an entity of its own, governed by a local Board of Directors. It is not underwritten by any organization or agency.

Each program applicant is asked to help, personally or by finding sponsors, with the cost of their care. This shows a true heartfelt interest and desire for rehabilitation. This is also our way of helping to underwrite the operational costs of the program. Sponsors can be family, churches, friends, businesses, or other concerned individuals. Since the cost of the program is \$10,000.00, we ask each student applicant to secure sponsorship to cover the application & entrance fee of \$500.00 and the program fee of \$9,500.00. Any additional sponsorship would be helpful.

New Horizon will work hard to secure the funds for those who are unable to secure fees or sponsorship.

If you have dedicated to sponsor _____, please return the sponsorship form indicating your commitment, with all checks and/or money orders to:

New Horizon Christian Academy
P.O. Box 3296
Flagstaff, AZ. 86003-3296

If you have any questions about our program or how you can help please call or fax us at:

(928) 226 – 1765 phone
(928) 527-4447 fax

Sincerely,
Pastor Daniel Williamson
Executive Director

STUDENT APPLICATION

*All applications are distributed and received by
New Horizon Christian Academy*

STUDENTS PERSONAL INFORMATION:

Name (Last, MI, First) Social Security Date and Place of Birth

Height Weight Hair Color Eye Color Race Gender Religion

Address City State Zip

Referred by Relationship Phone Number

Identifying Marks: Tattoos, scars, birthmarks etc. _____

PARENTS INFORMATION:

Parents/Legal Guardian (if birth parents are not married please indicate, if legal guardian provide custody papers)

Address City State Zip

Home Phone Cell Phone(s) Work Phone Email Address

MEDICAL INFORMATION

Please provide NHCA with medical and/or dental records, including immunizations.

How would you rate your current health? GOOD FAIR POOR

Are there any medical conditions you have that we need to be aware of? Yes No

Please explain: _____

Are you allergic to any medications, any adverse reactions? Yes No

If yes please explain: _____

Are you currently taking any prescription medication? Yes No

Please List: _____

Name of Physician: _____ Phone: _____

If taking prescription meds, current Dr.'s orders must be provided.

Are you now or have you ever been treated for mental illness? Yes No (circle)
Please Explain: _____

EMERGENCY CONTACT INFORMATION:

Name	Relationship	Phone Number
<hr/>		
Address	City	State Zip

LEGAL STATUS:

Do you have charges pending against you currently? Yes No (Please Circle)

Nature of charges: _____

Probation Officer/ Phone Number/ Case Number: _____

EDUCATIONAL HISTORY:

Please provide NHCA with transcripts and any other pertinent records from previous school.

What was the last school and grade that you attended? 7 8 9 10 11 12 (circle)

Are you interested in furthering your education? Yes No If yes, what level do you wish to complete?
GED High School Junior College College

Give a brief history of your educational experience: _____

INTEREST IN RECOVERY:

Do you believe that you have a serious problem? Yes No Explain:

What do you hope to get out of this program? Please go into detail.

Circle the reasons that best describe why you want to enter the program:

- I want to be free from drugs/alcohol I need discipline in my life I want to become a Christian
My probation officer is forcing me My family is forcing me I am trying to avoid arrest
I need help in many areas of my life

Please circle the information that describes your drug history:

Addiction

Severity

Using Now

Marijuana	1-----5-----10	Yes No
Alcohol	1-----5-----10	Yes No
Cocaine	1-----5-----10	Yes No
Meth-amphetamines	1-----5-----10	Yes No
Heroin	1-----5-----10	Yes No
Acid	1-----5-----10	Yes No
Prescription drugs	1-----5-----10	Yes No
Other _____	1-----5-----10	Yes No

Have you ever been involved in crimes that are sexual in nature? Yes No

Explain: _____

Have you ever been or are you now involved in any form of a cult, witchcraft, or gang?

Explain: _____

Circle the statements that are true in your life right now: (circle all that apply)

I have an anger problem I have a problem with violence I was sexually molested as a child

I hate myself I am sexually active I am ashamed of my lifestyle

I sometimes hurt myself I want to change my life I am suicidal

I have homosexual tendencies I am confused about my sexual orientation I have addiction problems

Have you ever been involved in any treatment program before? Yes No

Explain: _____

NEW HORIZON CHRISTIAN ACADEMY INC.
ENTRANCE AGREEMENT

This agreement is made and entered into on (fill in date) _____; by and between NHCA, Inc. and _____ . Whereas the above named student has voluntarily entered into NHCA, Inc. in order to overcome their life-controlling problems relating to but not limited to, drug and alcohol abuse and to receive Christian Discipleship Training.

Now therefore, in consideration of the potential help offered to me by NHCA.
(Initial each individual item as you read, agree and approve it).

_____ 1. I confirm that I have read, understand and approve all the documents provided to me by NHCA and that I have not knowingly withheld information that might jeopardize my eligibility into the program. I understand and accept that such non-disclosure or false statements made on the application and associated documents, or future consultation with any staff may constitute an automatic and immediate disqualification, suspension or termination from the NHCA program.

_____ 2. I acknowledge that I have read this agreement completely and confirm that I understand them. I have received a copy of the General Rules. I do hereby agree to abide by all of the rules and regulations and conditions of the NHCA program (including any future modifications to such), and state that I wish to enroll voluntarily; and I will dedicate myself to the completion of the minimum of the 10 month program.

_____ 3. I understand that it is primarily my responsibility to face the reality of dealing with and handling my struggles on a daily basis. I also understand that I am to assume full responsibility for keeping the terms of this agreement. Any infractions on my part will constitute my decision to no longer participate in this program as agreed. Such failure to comply with any of these terms of agreement will subject me to possible dismissal from the NHCA program. In consideration thereof, I agree to bear the responsibility for any disciplinary or dismissal consequences. (When applicable, NHCA, Inc. and its staff are entitled to recourse with any legal action allowed by law).

_____ 4. I authorize NHCA staff to search my person and my personal belongings upon admission and departure or at any time during the program or as deemed necessary and appropriate by the NHCA staff. I also authorize NHCA to search any items given to me by visitors during my enrollment here for contraband or items which may be harmful to the integrity of myself, the other students and our progress here.

_____ 5. I understand that my residence in the program is contingent upon my general good health and ability to participate in the full program. I therefore agree to subsequent medical examinations as deemed necessary and appropriate by NHCA, Inc. I accept all financial responsibility for any and all medical/testing expenses which may incur during my stay at NHCA.

_____ 6. I understand that NHCA, Inc. serves three nutritional well-balanced meals as a communal dining facility would and that it is my responsibility to maintain my diet with the food served. If for medical reasons I am unable to eat any particular item served, I understand that it is my responsibility to avoid eating it.

_____ 7. I do hereby agree to participate in the daily work duties and chores at NHCA, Inc. and it is my intention to accept and willingly complete all assignments given to me. I understand that the purpose of work and duties assigned to me, either on or off the facility grounds, is for my vocational training, teaching me good work ethics and helping me with character development. In consideration thereof and in further consideration that NHCA, Inc. is offering me residence and other training with out cost; I do not expect any compensation. Any money or gifts that may be credited to my duties or work will be the property of NHCA, Inc. in order to offset the cost of my being helped in the program.

_____ 8. I will not hold any NHCA, Inc. staff responsible for any of my personal property lost or stolen while I am enrolled in NHCA, Inc., including any items that I leave behind after I have been discharged either successfully or

unsuccessfully. I understand that when I leave I must take all my personal belongings with me; if not, after 3 days my belongings will be discarded. NHCA, Inc. is not responsible for any lost or missing clothing or personal items at any time.

_____ 9. I understand that NHCA, Inc. does not discriminate against those who are HIV positive in the admissions process. Because the HIV virus has infected a large number of IV drug users, at any time there may be one or more students who are HIV positive. We do not require students who are HIV positive to notify other students in the program of their HIV status.

_____ 10. I understand that many of the people living within the NHCA, Inc. program have histories including but not limited to, drug abuse, alcohol abuse, homosexuality or other sexual problems, mental and emotional problems. I also understand that NHCA is not a licensed mental health facility. Therefore, I agree not to hold NHCA, Inc. liable for any negative outcomes or future consequences, be it physical or emotional, resulting from my living at the NHCA facility. I understand that I am here voluntarily and that I may leave at any time.

_____ 11. I understand that NHCA is not a “drug rehabilitation program.” It is a Christian Discipleship Program, which is aimed at those with life-controlling problems. As such, I realize that building a relationship with Christ is the heart of this program. Extra peripheral helps, such as a High-School Diploma, GED, or vocational training etc. are also available.

_____ 12. I understand that the phases of NHCA are not achieved by serving time alone. I am not enrolled in the NHCA program to just “serve time,” but to do what is necessary to become a true disciple of Jesus Christ.

_____ 13. I understand that the counseling I am going to receive is not considered professional and clinical counseling. The staff and interns are engaged solely in spiritual advice based upon their understanding of the Bible as well as their experiences. They are not engaged in the practice of psychology, psychotherapy or professional counseling.

_____ 14. I understand that during any level of the program, if I show that I am not willing to follow after the Lord in a cooperative and teachable manner, that there is the possibility that I will be asked to leave.

_____ 15. I understand that due to the fact that the NHCA, Inc. program is a non-clinical setting and that not all of their staff are licensed or ordained ministers, they do not fall under the C.E. Code 1031 for “penitential communication” therefore, NHCA, Inc. maintains moral obligations of confidentiality, but would be required to testify in a Court of Law if summoned to do so.

_____ 16. I understand that Arizona State Law requires any mentor to report allegations of child abuse or murder to civil authorities. NHCA, Inc. employees are mandate reporters.

_____ 17. Whenever I am discharged, successfully or unsuccessfully, voluntarily or involuntarily, from the NHCA, Inc., I authorize the staff to explain to the other students, interested family, friends and probation/parole officers that I have left the program and the reasons for doing so.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

SPECIAL POWER OF ATTORNEY

DELEGATING POWERS OF PARENT OR LEGAL GUARDIAN

NAME OF MINOR: _____

Minor's Date of Birth: _____

Effective Date: _____

County and State: _____

PARENT OR LEGAL GUARDIAN: _____
(Name, Address and Zip) _____

PARENTAL ATTORNEY-IN-FACT: Daniel and/or Allison Williamson
New Horizon Christian Academy
2309 N. Center Street
Flagstaff, AZ 86001

Delegation of Parent Powers: Pursuant to A.R.S. 14-5104, Parents or Legal Guardians delegate to the Parental Attorney-in-Fact all powers they may have regarding care, custody or property of the minor except power to consent to the adoption of the minor.

Warrant of Authority: Parents or Legal Guardians warrant to the parental Attorney-in-Fact that as to the execution of this document their parental or guardian's authority has not been or is currently subject to judicial restriction or termination of any kind and that the Parents or Legal Guardians have complete authority to delegate their powers.

Assumption Risk: Parents or Legal Guardians assume the risk and exonerate the Parental Attorney-in-Fact from liability for any accident, injury or sickness affecting the minor during the grant of this authority, except to the extent that such accident, injury or sickness has resulted from the negligence of the Parental Attorney-in-Fact.

Termination: Unless revoked sooner, the authority granted in this instrument shall terminate at the end of twelve (12) months from the effective date or upon receipt of written termination to or by New Horizon Christian Academy.

Special Instructions to Parental Attorney-in-Fact: The Attorney-in-Fact's authority includes the ability to make all necessary decisions regarding the minor child's health, both physical and mental. Said authority shall also include any and all necessary decisions regarding emergency medical care, including medications, tests and immunizations.

Said authority to include discipleship in Christ using the Holy Bible and other printed materials, Christian videos, music, preaching, teaching, instructing and counsel according to the New Horizon Christian Academy ***“Practical Commitments”*** and further, following the ***“Facility Program Design,”*** as outlined in the student and parent manual.

Parent

Dated

State of:

ss:

County of:

**This instrument was acknowledged before me this _____ day of _____,
200___,
by _____**

Notary Public

NEW HORIZON CHRISTIAN ACADEMY

RUNAWAY AGREEMENT

New Horizon has established a policy regarding students who make the decision to runaway from the facility. It is our hope that every student recognizes his need for New Horizon, but in the event a child runs away, the following policy is in effect.

1. The Second Party, parent/legal guardian, is aware that the facility is not a lockdown facility and therefore, the possibility of a student running away does exist.
2. Second Party recognizes that New Horizon accepts children who may have a history of running away and this is one of the rebellion issues that are addressed in the program.
3. The Second Party agrees that New Horizon will not be held responsible for the safety of any minor child that runs from the facility.
4. New Horizon will report a runaway child to the Local Authorities to facilitate their return. New Horizon will not be held responsible for finding a runaway child.
5. New Horizon 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 their 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 their program.
8. Any student found talking about running away, regardless of intent, will have one month added to their program.

I have read, understand and agree to the New Horizon Christian Academy Runway Policy.

Parent/Legal Guardian

Date

Notary Public

Commission Expires

NEW HORIZON CHRISTIAN ACADEMY

LIABILILY CONSENT AND RELEASE

I (we) the undersigned parent/legal guardian, hereby consent to our minor child participating in all activities sponsored by New Horizon on or off campus property. I certify that the applicant is able to participate in all activities. I understand and hereby do agree to assume all of the risks, which may be encountered on said activity, including activities preliminary and subsequent thereto.

I do hereby agree to hold New Horizon and its agents and employees harmless from any liability, actions, cause of actions claims, expenses, and damages on account of injury of any kind to the applicant, or property, or even injury resulting in death, which may arise in the future in connection or participation in any other associated activities.

I expressly agree that this release, waiver, and Indemnity agreement is intended to be broad and inclusive as permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

I further state that I have carefully read the foregoing release and know the contents thereof and sign this release as my own free act.

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date

Notary Public

Commission Expires

NEW HORIZON CHRISTIAN ACADEMY

DISCIPLINARY PROCEDURES

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 he 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. The offense will be clearly discussed with the student.
2. A staff member will share Scriptural applications with the student.
3. The discipline to be applied for the offense may be restrictions on the activities of the student.
4. Disciplines are documented on a daily basis and excessive disciplines may result in loss of phone call and pass time.
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 does not work (student continues to accumulate an excessive amount of disciplines) time may be added to the student’s program.

I (we), _____, have read the above and
Parent/Legal Guardian

Agree to support the New Horizon program in its policy of discipline and personally pledge my (our) support to this approach to discipline.

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date

Notary Public

Commission Expires

Student Standing Orders

Date _____

In compliance with Arizona regulations on self-medications, these standing orders must be signed by a physician. Students must not be allergic to any of the following over the counter medications and a physician must be consulted once a client has taken three consecutive doses of any over the counter medication. Dosages will comply with age recommendations found on medication package.

_____ has been approved to self-administer the following over the
Student Name

counter medications:

Cold and Allergies

Sudafed _____
Tylenol _____
Tylenol Cold _____

Cough

Robitussin cough syrup _____
Vicks Formula 44 _____
Generic cough syrup _____

Headache

Tylenol _____

Sore Throat

Gargle w/ one tsp. salt warm water _____
Cough Drops _____
Lozenges _____

Constipation

Milk of Magnesia _____
Ex-lax _____

Upset Stomach

Pepto-Bismol _____
TUMS _____

Parent/Guardian Signature Date

Phone Number

NHCA Student Approved Contacts Sheet

Each student at NHCA will be limited (depending on behavior) permitted to make two 10 minute phone calls each week. Phone calls, mail (both in and out), as well as visits will be to parent/guardian approved contacts only. Any changes that need to be made to this sheet must be approved by the Director of NHCA. Any violation of phone call policy may result in loss of phone call privileges and further disciplinary action.

Student Name: _____ Date: _____

Parent(s)/Guardian(s): _____

Home: _____

Work: _____

Cell: _____

Address: _____

Approved Contact:

Home: _____ Address: _____

Work: _____

Cell: _____

Approved Contact:

Home: _____ Address: _____

Work: _____

Cell: _____

Approved Contact:

Home: _____ Address: _____

Work: _____

Cell: _____

Approved Contact:

Home: _____ Address: _____

Work: _____

Cell: _____

Approved Contact:

Home: _____ Address: _____

Work: _____

Cell: _____

Approved Contact:

Home: _____ Address: _____

Work: _____

Cell: _____

FAMILY ENTRANCE AGREEMENT

***PARENTS –read carefully the information printed below and please sign**

NHCA Boundaries and Expectations

In order for *New Horizon Christian Academy* to be a “lasting solution,” you as parents must be an integral and united part of a student’s restoration process. To accomplish this goal, merely focusing on your son’s issues will not be adequate. Therefore, our heart is to construct a format that will allow parents to *spiritually walk* the same road of restoration as their son, even when *physically* apart. To attain this goal, during your son’s tenure at *New Horizon* there will be requirements and standards not only set for the student but also the parents.

These expectations are necessary because we recognize that the maturation and growth of our students is concurrently influenced by their parent’s openness and willingness to the same change they are expecting and demanding of their child. *New Horizon’s* goal is not to play the blame game between family and child, however it is our intent to best equip the parents and their child with the proper tools and humble perspective that is required for a restored life. There is always room for improvement and no one is perfect, which is the point of the cross and God’s grace.

“For **all** have sinned and fall short of the glory of God” Romans 3:23
.....

HIGHLY RECOMMENDED

To minimize conflict and increase the opportunity for success:

- + *Demand of yourself what you expect from your child:* During your child’s tenure at *New Horizon*, he will receive over 1000 hours of Bible training in the span of ten months; your child will be required to go to church several times a week; your child will not be allowed to listen to secular music and watch movies that compromise their integrity and purity.
- + Read the Proverbs of the Day. Every morning our students read the Proverb that corresponds with the day (ex. Proverbs chapter 3 for the third day of the month, and so on).
- + Stay connected: Parent must stay updated and in-tune with their child’s maturation and areas of struggle. Phone calls, Sunday visits, Three-day passes and Family Emphasis are all provided to help attain this goal.

REQUIRED READINGS FOR FAMILIES

For your son’s completion of the NHCA program parents must complete the required readings listed below. Also note, that your son will not be able to advance to the next level of his program until both parents have completed . Failure to abide by these terms may result in a loss of pass or phone privileges and possible program expulsion.

Grace Based Parenting by Tim Kimmel

Boundaries by Dr. Henry Cloud

The Five Love Languages of a Teen by Gary Chapman

REQUIRED: FAMILY PASS GUIDELINES

The guidelines printed below are mandatory for student admittance into NHCA

- +When returning to the NHCA center, under no circumstances should you ever give money to your loved one. Please give all student funds to a NHCA staff member in a sealed envelope with that students name on it.
- +Please do not deliver mail to your child. All mail must be screened by a NHCA staff member.
- +NHCA is a tobacco, drug and alcohol free campus. Please DO NOT bring these substances on campus or give to a student on pass. If not compliant Local Law enforcement will be notified!
- +Please do not allow any phone calls to be made by your son outside of those approved on their Contact sheet (pg. 33 of Application).
- +Please do not allow your student to use the internet, unless strictly for MDLP (Mesa Distance Learning) puposes.
- +During a pass, NHCA goals are to provide an environment and opportunity to family maturation and restoration. Please attempt to limit friend influence during pass visits. Furthermore, NHCA will enforce and back any rules/ guidelines that individual families put in place during your son’s pass, and if not honored NHCA will have the appropriate consequences in place to re-enforce.

Parental Signature: _____

Date: _____

Parental Signature: _____

Date: _____

**Signing this form is a requirement for admission of your son into New Horizon and by signing you are agreeing to the terms listed above.*