

Teen Challenge of Arizona, Inc.



INQUIRY NOTES:

Name of Parent / Legal Guardian: \_\_\_\_\_  
Last, First, MI.

Complete name of prospective student: \_\_\_\_\_  
Last, First, MI.

Present Address: \_\_\_\_\_  
Street Address  
City Az Zip

Residential Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Is prospective student interested in recovery? Yes No

Known Issues Inventory:

- |                                               |                                              |                                             |                                           |
|-----------------------------------------------|----------------------------------------------|---------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Alcohol Addiction    | <input type="checkbox"/> Anxiety             | <input type="checkbox"/> Aggression         | <input type="checkbox"/> Drug Addiction   |
| <input type="checkbox"/> Anger                | <input type="checkbox"/> Abandonment         | <input type="checkbox"/> Tobacco Addiction  | <input type="checkbox"/> Depression       |
| <input type="checkbox"/> Eating Disorders     | <input type="checkbox"/> Fear                | <input type="checkbox"/> Suicidal Thoughts  | <input type="checkbox"/> Self-Mutilation  |
| <input type="checkbox"/> Pornography          | <input type="checkbox"/> Forgiveness         | <input type="checkbox"/> Guilt              | <input type="checkbox"/> Self Image       |
| <input type="checkbox"/> Physical abuse       | <input type="checkbox"/> Rape                | <input type="checkbox"/> Death of loved one | <input type="checkbox"/> Emotional Stress |
| <input type="checkbox"/> Family Relationships | <input type="checkbox"/> Same sex attraction | <input type="checkbox"/> Violent Tendencies |                                           |
| <input type="checkbox"/> Other: _____         |                                              |                                             |                                           |

Information requested:

*Inquiry Packet:*

- |                                     |             |                              |                               |
|-------------------------------------|-------------|------------------------------|-------------------------------|
| <input type="checkbox"/> Requested: | Date: _____ |                              |                               |
| <input type="checkbox"/> Sent:      | Date: _____ | <input type="checkbox"/> FAX | <input type="checkbox"/> Mail |

*Program Application:*

- |                                     |             |                              |                               |
|-------------------------------------|-------------|------------------------------|-------------------------------|
| <input type="checkbox"/> Requested: | Date: _____ |                              |                               |
| <input type="checkbox"/> Sent:      | Date: _____ | <input type="checkbox"/> FAX | <input type="checkbox"/> Mail |

Information Received:

Program Application: Date Received: \_\_\_\_\_

---

---

---

---

---

---

---

Intake Fee:                      Date Received: \_\_\_\_\_

**Scheduled Intake Date:** \_\_\_\_\_



New Horizon Christian Academy

## † 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  
(2<sup>nd</sup> Timothy 3:16-17; 1<sup>st</sup> Thessalonians 2:13; 2<sup>nd</sup> 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; 1<sup>st</sup> 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



New Horizon Christian Academy

## 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



New Horizon Christian Academy

**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: \_\_\_\_\_



New Horizon Christian Academy

**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: \_\_\_\_\_



New Horizon Christian Academy

**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 of 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: \_\_\_\_\_



New Horizon Christian Academy

## **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: \_\_\_\_\_



## New Horizon Christian Academy

### STUDENT ENTRANCE AGREEMENT

This agreement is made and entered into on \_\_\_\_\_; by and between NHCA and \_\_\_\_\_. Whereas the above named student has voluntarily entered into MHCA, 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 MHCA. (initial each individual item as you read, agree and approve it).

\_\_\_\_\_ I confirm that I have read, understand and approve all the documents provided to me by MHCA and that I have not knowingly withheld information that might jeopardize my eligibility in the program. I understand and accept that such non-disclosure or false statement 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.

\_\_\_\_\_ I understand this 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 and its' staff are entitled to recourse with any legal action allowed by law.)

\_\_\_\_\_ I authorize MHCA 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 give 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.

\_\_\_\_\_ 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 MHCA. I accept full responsibility for any and all medical / testing expenses which may incur during my stay at NHCA.

\_\_\_\_\_ I understand that NHCA serves three nutritional well-balanced meals in a communal dining environment 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.

\_\_\_\_\_ I do hereby agree to participate in the daily work duties and chores at NHCA and it is my intention to accept and willingly complete all assignments given to me. I understand 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 is offering me residence and other training without 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 in order to offset the cost of my being helped in the program.

\_\_\_\_\_ I will not hold any NHCA staff responsible for any of me personal property lost or stolen while I am enrolled in NHCA, 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 of my personal belongings with me; if not, after 3 days my belongings will be discarded. NHCA is not responsible for any lost or missing clothing or personal items at any time.

\_\_\_\_\_ I understand that NHCA 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 at NHCA who are HIV positive. We do not require students who are HIV positive to notify other students in the program of their HIV status.

\_\_\_\_\_ I understand that many people living within MHCA 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 licensed mental health facility. Therefore I agree not to hold NHCA 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.

\_\_\_\_\_ 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 are also available.

\_\_\_\_\_ 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.

\_\_\_\_\_ 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 experienced. They are not engaged in the practice of psychology, psychotherapy or professional counseling.

\_\_\_\_\_ 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 a possibility I will be asked to leave.

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

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

\_\_\_\_\_ Whenever I am discharged, successfully or unsuccessfully, voluntarily or involuntarily, from the NHCA program, 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.

I agree to all of the above statements.

\_\_\_\_\_  
(Name of Student)

\_\_\_\_\_  
(Signature of Student)

WITNESS: \_\_\_\_\_

\_\_\_\_\_  
(Date)



# New Horizon Christian Academy

## PARENT AGREEMENT

I, \_\_\_\_\_ of \_\_\_\_\_  
(Name) (Relationship / Father, Mother, Etc.)

\_\_\_\_\_ born on \_\_\_\_\_  
(Name of Child) (Date of Birth)

\_\_\_\_\_  
(Address) (City) (State) (Zip)

do hereby place said child in the temporary care of the New Horizon Christian Academy, operated by Teen Challenge of Arizona, located in Flagstaff, Arizona, for the care of my adolescent son, in order that she may be given shelter, protection, and appropriate guidance, and counseling.

\_\_\_\_\_ I understand that New Horizon Christian Academy will not have legal responsibility for the above named child.

\_\_\_\_\_ I/we agree to work with the agency in developing and implementing permanent plans for said child.

\_\_\_\_\_ It is hereby understood that New Horizon Christian Academy cannot and will not be held responsible for any personal property left, lost or stolen while in the program. When leaving NHCA, I will take all personal property with me. Any personal items left by my son will be held for 3 days at which time items will be disposed of in whatever means deemed necessary and appropriate.

\_\_\_\_\_ It is further understood that I release the right to NHCA to make room searches and also a physical frisk if need be.

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

\_\_\_\_\_ I understand that because of the nature of many of the problems New Horizon Christian Academy helps young people through, the possibility exists that other residents of the shelter may have a communicable disease such as Hepatitis C, HIV or other such illnesses. Understanding that NHCA takes all necessary precautions at the home in accordance with the county health codes and Center for Disease Control, the possibility of exposure still exists for my child. I hold NHCA harmless for any such exposure and possible contraction.

\_\_\_\_\_ I also give NHCA permission to open and check both incoming and outgoing mail for drugs or anything that might be harmful to the welfare of my child and I understand these may be taken at the discretion of the Director.

\_\_\_\_\_ I also understand all phone calls will be monitored.

\_\_\_\_\_ I hereby authorize any examination or treatment, medical, psychological, surgical that is found to be necessary by a licensed physician. Solely for such purposes, I designate and appoint the Director as my agent for all matters relating to the health care and psychological wellness of the child named above in emergency situations when I cannot or am not available. I have included all insurance information with my application.

\_\_\_\_\_ I agree to be responsible for the admissions medical screening and for any drug or medical bills that the child may incur while in residence at NHCA.

\_\_\_\_\_ I understand that I retain all responsibility for scheduling and transporting my son to all pending medical or legal appointments.

I agree to all of the above statements.

\_\_\_\_\_  
(Name of Guardian)

\_\_\_\_\_  
(Signature of Guardian)

WITNESS: \_\_\_\_\_

\_\_\_\_\_  
(Date)



# New Horizon Christian Academy

## SPECIAL POWER OF ATTORNEY DELEGATING POWERS OF PARENT OR LEGAL GUARDIAN

NAME OF MINOR: \_\_\_\_\_ Minor's Date of Birth: \_\_\_\_\_

Intake / Effective Date: \_\_\_\_\_

County and State: \_\_\_\_\_

PARENT OR LEGAL GUARDIAN: \_\_\_\_\_  
(Name, Address, Zip) \_\_\_\_\_  
\_\_\_\_\_

PARENTAL ATTORNEY IN FACT: Daniel and/or Allison Williamson  
New Horizon Christian Academy  
2309 N. Center Street  
Flagstaff, Arizona 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 the 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, immediately upon dismissal or unscheduled leave from the program, or upon receipt of written termination to or by New Horizon Christian Academy.

**Special Instruction 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.

\_\_\_\_\_  
Parent / Legal Guardian Name (printed)

\_\_\_\_\_  
Parent/ Legal Guardian Signature

\_\_\_\_\_  
Parent / Legal Guardian Name (printed)

\_\_\_\_\_  
Parent/ Legal Guardian Signature

Notary:

Teen Challenge of Arizona's



New Horizon Christian Academy

Religious Training Release

I, \_\_\_\_\_, being the legal guardian of, \_\_\_\_\_,  
do hereby give permission for him to attend worship services with the staff of Teen Challenge / New  
Horizon Christian Academy as part of the program. I also give my permission for my child to participate  
in the full discipleship program. I fully understand that this will involve required time for prayer and  
Bible study.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

Teen Challenge of Arizona's



Contacts Allowed

I, \_\_\_\_\_, do hereby give, \_\_\_\_\_, permission to communicate with the following persons (*immediate family / pastors only*) only in the manner indicated:

Name	Address	Relationship	Write	Incoming phone

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

Teen Challenge of Arizona's



Medical Release

I, \_\_\_\_\_, being the legal guardian of, \_\_\_\_\_, do hereby give permission to Teen Challenge of Arizona / New Horizon Christian Academy to authorize, by their signature, any routine and/or emergency medical or dental care deemed necessary and appropriate by a licensed physician or dentist.

I retain full responsibility for any and all charges for medical and dental treatment deemed necessary by a licensed physician / dentist. Please send all statements to the address below.

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Signature of Witness

Please attach insurance information including a copy, both front and back, of medical and dental insurance cards.

Teen Challenge of Arizona's



Responsibility Release

I, \_\_\_\_\_, being the legal guardian of, \_\_\_\_\_, will not hold Teen Challenge of Arizona / new Horizon Christian Academy responsible for any lost, damaged, or stolen articles while my child is in placement or if he runs away. I understand that if I send along any items of great sentimental or monetary value, I am doing so at my own risk. In the event that my son leaves the program for any reason, I understand that I am responsible for coming to get all his belongings within 30 (thirty) days of her leaving. Any belongings not picked up within 30 days become the property of Teen Challenge of Arizona, Inc.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness



# New Horizon Christian Academy

HEALTH SCREENING FORM  
P.O. Box 5966 TUCSON, AZ 85703  
520-887-8773

Students Name: (Last, First)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_

Personal History: Check and give approximate ages conditions occurred:

- |                        |                       |
|------------------------|-----------------------|
| Allergies _____        | Mumps _____           |
| Asthma _____           | Pneumonia _____       |
| Appendicitis _____     | Muscle / Nerve _____  |
| Chicken Pox _____      | Rheumatic Fever _____ |
| Diabetes _____         | Scarlet Fever _____   |
| Gonorrhea _____        | Hay Fever _____       |
| Heart Trouble _____    | Seizures _____        |
| Hearing Problems _____ | Tonsillitis _____     |
| Kidney Trouble _____   | Tuberculosis _____    |
| Measles _____          | Whooping Cough _____  |
| Polio _____            | Syphilis _____        |

Emotional or Behavioral Problems

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recent Disabilities (Please check any of th following)

- |                            |                         |                          |                            |
|----------------------------|-------------------------|--------------------------|----------------------------|
| 4+colds yearly _____       | Fainting spells _____   | Hearing difficulty _____ | Frequent Sore Throat _____ |
| Abdominal Pains _____      | Tires Easily _____      | Poor Vision _____        | Frequent Urination _____   |
| Breath Shortness _____     | Dizziness _____         | Persistent Cough _____   | Ringworm _____             |
| Frequent Sties _____       | Speech Difficulty _____ | Nose Bleeding _____      | Dental problems _____      |
| Crippling conditions _____ | Growing pains _____     |                          |                            |

Immunization Records (Please give dates)

- |                     |                      |               |                       |                   |
|---------------------|----------------------|---------------|-----------------------|-------------------|
| Smallpox scar _____ | Whooping Cough _____ | Tetanus _____ | Schick Negative _____ | Diphtheria _____  |
| Typhoid _____       | Measles _____        | Mumps _____   | Rubella _____         | Hepatitis B _____ |

Does child have a disability due to disease or accident? If so, please explain?

\_\_\_\_\_  
\_\_\_\_\_

Has child had a skin test for tuberculosis? \_\_\_\_\_ Date: \_\_\_\_\_

Has child been associated with a tubercular patient? \_\_\_\_\_ Date: \_\_\_\_\_

Personal Record: (Please answer all of the following)

- |                                    |                             |                             |
|------------------------------------|-----------------------------|-----------------------------|
| Is she shy? _____                  | Overactive? _____           | Bites fingernails? _____    |
| Suck thumb? _____                  | Have excessive fears? _____ | Have temper tantrums? _____ |
| Gets along well with others? _____ |                             |                             |

**PHYSICAL EXAM:**

**S=SATISFACTORY**

**U=UNSATISFACTORY**

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

B/P: \_\_\_\_\_

Pulse: \_\_\_\_\_

Temp: \_\_\_\_\_

Resp: \_\_\_\_\_

Vision (w/o corrective lenses)

R \_\_\_\_\_

L \_\_\_\_\_

(with corrective lenses)

R \_\_\_\_\_

L \_\_\_\_\_

**Lab Results**

Serology: \_\_\_\_\_

Drug / Alcohol Screening: \_\_\_\_\_

Pregnancy:      Y      N

Hepatitis A \_\_\_\_\_ Hepatitis B \_\_\_\_\_ Hepatitis C \_\_\_\_\_

Sexually Transmitted Disease Screening:

Gonorrhea      Y      N

Chlamydia      Y      N

HIV              Y      N

**Optional Tests:**

CBC \_\_\_\_\_

LFT \_\_\_\_\_

Other \_\_\_\_\_

**\*\*\*Please attach computer printout(s) of all test results\*\*\***

\_\_\_\_\_  
Signature of Examining Physician

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

Teen Challenge of Arizona's



Information Disclosure to Third Parties Release

I do hereby give permission for Teen Challenge's New Horizon Christian Academy to disclose information about my child to the following individuals for the reasons stated and by whom disclosure is necessary.

Agency / Individual name	Agency/ Individual address	Agency / Individual Phone	Reason for disclosure
(parent name)			
(parent name)			

This statement of consent is subject to revocation by the Parent/Guardian at any time except to the extent that the ministry or person who is to make the disclosure has already acted in reliance upon it.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

# Teen Challenge of Arizona's



### Program Activity Release

The mission of Teen Challenge of Arizona's New Horizon Christian Academy is to help young men, ages 12-17 become mentally stable, emotionally balanced, socially adjusted, physically well and spiritually alive.

We accomplish this mission through excellent care, compassionate counseling and Christian curriculum administered by competent and caring staff. As part of our curriculum, we require participation of all of our students in regular physical education, fitness and other classes designed to accomplish our mission. While we require participation by all students, we do recognize that there can exist extenuating circumstances that would prevent a student from participating fully in some activities.

If your child is unable to participate in any of the activities listed below, please mark them and list the reason why your son may be unable to participate fully in the said activity.

- \_\_\_ Physical Education: \_\_\_\_\_
- \_\_\_ Work Call: \_\_\_\_\_
- \_\_\_ Horsemanship: \_\_\_\_\_
- \_\_\_ Chores: \_\_\_\_\_
- \_\_\_ Other: \_\_\_\_\_

We ask that any medical reason given be documented by a note from the primary care physician.

If none of the above apply, please sign the following:

I, \_\_\_\_\_, being the legal guardian of, \_\_\_\_\_, do hereby give approval for my daughter to fully participate in ALL activities scheduled by Teen Challenge of Arizona / New Horizon Christian Academy as part of the program. This includes special events and occasions where Teen Challenge of Arizona, Inc. and all centers are required to participate.

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of Witness



New Horizon Christian Academy

## CHRISTIAN CONCILIATION AND ARBITRATION AGREEMENT

In Consideration of the following terms and provisions, and other valuable consideration the receipt of which I acknowledge, the undersigned parties hereby agree to follows:

They accept the Bible as the inspired Word of God. They believe that God desires that they resolve their dispute with one another within the Church and they be reconciled in their relationships in accordance with the principles stated in 1 Corinthians 6:1-8, Matthew 5:23-24 and Matthew 18:15-20.

Accordingly, the undersigned parties hereby agree that, if any dispute or controversy arises between them and it is not resolved in private meetings between the parties pursuant to Matthew 5:23-24 and 18:15, then the dispute or controversy will be settled by biblically based mediation and, if necessary, legally binding arbitration, in accordance with the Rules of Procedure for Christian Conciliation (Rules) of the Institution for Christian Conciliation, a division of Peacemakers Ministries (rules available at [www.HisPeace.org](http://www.HisPeace.org)). The undersigned parties agree that these methods shall be the sole remedy for any dispute or controversy between them and, to the full extent permitted by applicable law, expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce arbitration decision, or to enforce this dispute resolution agreement. Any mediated settlement agreement, or arbitrated decision hereunder shall be final and binding, and fully enforceable according to terms in any court jurisdiction.

Student Name: \_\_\_\_\_

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

# New Horizons Christian Academy Family Financial Agreement

NHCA provides opportunities for hurting young men to live lives free of drugs and alcohol, experience success and excellence in both their character as well as their education and find their purpose for their future!

## TOTAL COST OF THE PROGRAM

New Horizons Christian Academy is not a free program. The actual cost per student for the entire program is \$35, 167.00.

**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 total program cost to families is only \$14,000.00. We commit to working with families on payment plans and strategies for those raising funds.**

## COST BREAKDOWN OF PROGRAM

### ~Day of Intake~

- \$500.00 Application fee
- \$1,000.00 Intake fee

### ~Educational fees for families of NHCA is \$5,000.00~

Break down as follows:

- \$500.00 application fee
- \$559.00 per course. Each student is enrolled in 6 courses **minimum** (4 Core and 2 elective, not including Physical Education) during the course of their education. This totals \$3,354.00.
- \$1,146.00 Administration
  - Transcript recovery and review
  - Transfer eligible credits and create new transcripts (IEP if necessary)
  - Grading of course work
  - Administering Exams
  - Progress reports and communication of reports
  - Report cards and communication
  - Oversee and maintain a safe and healthy controlled learning environment

### ~Housing, food and Transportation is \$5,000.00

### ~Horsemanship program is \$1,000.00

~Public relation event fee \$1,500.00~ Public relation events to include outdoor events, honor's camp, dream ride and banquets.

Signature \_\_\_\_\_

