

*New Horizon's Youth Ranch
6442 West Kootenai Road
Rexford, MT 59930*

Enrollment Agreement Summer/Wilderness Program

This Enrollment Agreement, by and between New Horizon's Youth Ranch, (a youth program), a Montana Business (hereafter 'Ranch'), _____ And _____ (hereinafter "Guardians"), is made in consideration of the contractual agreements between the parties set forth which stipulates the following mutual covenants and promises:

1. GUARDIANS. The Guardians attest that they are the legal guardians, having both physical and legal custody, of _____, hereinafter "the boy," whose date of birth is _____, and is being enrolled into the Ranch. The Guardians express their desire to contract for enrollment of the Boy into the Ranch according to the terms and conditions of this Agreement.

2. GUARDIANS CONSENT TO BOY'S PARTICIPATION IN THE ENTIRE ACADEMY PROGRAM. Guardians give their approval and consent for the Boy to participate in all activities and programs of the Ranch, including, but not limited to, Transportation, work projects, treatment programs, activities on and off grounds, and/or intervention when deemed necessary by the staff at the Ranch, unless excluded Law.

3. CONTRACT PERIOD. This Agreement is for 75-90 days, beginning as a prorated daily rate until the 1st day of the next month if the date is past the 1st day of the current month. The day of admissions is _____. If the Boy is admitted into the Program on any other day other than the 1st day of the Month, the contract period will begin on a prorated daily rate until the 1st day of the next month. (See Financial Requirements). While the contractual agreement period is for 75-90 days, the Guardians should understand that the program has best results in terms of outcome when boys are in the program for at least twelve to 18 (12-18) months. Longer stays can be negotiated at end of contract with Program Director of New Horizons Youth Ranch.

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4. ENROLLMENT. The Guardians acknowledge that any questions or concerns were successfully addressed by representatives of the Ranch. Guardians hereby enroll the Boy in New Horizon's Youth Ranch, on this date which is _____ and upon completion of this agreement conditions, and limitations specified in this agreement, I.e. Item 1-30 to agree to and provide the following services:

- a. Room and Board
- b. Academic Programs (if contract is extended after initial term)
- c. Therapy/Treatment
- d. Supervision

Guardians understand and agree that the Ranch will make changes in services, staffing, and program content at their sole discretion such materials may be outdated or enrollment period of the Boy. The Guardians understand and agree that the Ranch also does not accept responsibility for any services represented orally by any of its Program Staff, sales representatives, or public relations personnel. Therefore, New Horizon's Youth Ranch does not accept responsibility for services written in sales material, pamphlets, or adjustments may occur during the admittance or enrollment period of the Boy.

5. FINANCIAL REQUIREMENTS

The monthly tuition is \$5,850.00 per month or \$195.00 per day.

Guardians agree to pay the Ranch upon admission a one time (non-refundable) processing fee of One thousand seven hundred fifty dollars (\$1750.00)

- On the date of admission, the full tuition and processing fee are due in full.

THERE ARE NO FEE ADJUSTMENTS OR REDUCTIONS FOR PERIODS IN WHICH THE BOY IS NOT PHYSICALLY AT THE RANCH, whether or not the Guardian or the Ranch authorizes the Boy's absences.

A. INCIDENTAL COST AND EXPENSES.

In addition to monthly tuition, the Guardians agree to pay for the following expenses incurred by the Boy; such expenses will be billed to the Guardians monthly as they occur:

1. Medical, dental, orthodontic, optical, or lab tests.
2. If deemed necessary by the Ranch or requested by the Guardian, The Ranch can arrange with a physician for complete physical and blood test.
3. Airline or other forms of commercial travel.
4. Transportation and supervision costs for special needs that are separate from the normal Ranch activities, such as any

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appointments, travel to and from airports, weekly activities & super activities. Transportation to Kalispell for appointments is \$150.00 unless otherwise specified.

5. Cost for additional therapy not covered by the normal Program: Cost of services by the Psychiatrist or Psychologist; Cost for family therapy session conducted during family visits, all Boys on medication prescribed by a psychiatrist must have a monthly medication review.

Guardians may elect to have their Boy seen additionally by Ranch affiliated psychologist or psychiatrist, if they feel the need. Guardians agree to pay for all fees.

6. Other expenses related to the well-being or needs of the Boy, not otherwise provided in accordance with this agreement.
7. Upon enrollment, we ask that Boy have enough of their medical prescriptions to last the full length of agreed upon term of stay.

B. UNUSUAL COSTS

Expenses for the assistance in the return of a runaway boy. In the event that the boy leaves the Ranch without authorization, the Ranch will use reasonable efforts to assist the Guardians in finding the boy and in obtaining his safe return. An accounting of the expenses incurred by the Ranch while assisting the Guardians in finding and returning the boy will be made to the Guardians. **Responsibility for damage to, or loss of property caused by the boy.** Guardians agree to be financially responsible for the costs of repairing or replacing any property lost, stolen, damaged, defaced, or destroyed by their son that are not covered by insurance. Such costs will be billed to the Guardians at the time such damage or loss occurs and shall be paid by the Guardians within ten (10) days of receipt of bill.

Cost of Collections, Attorney Fees, and Interest Rate Charges. Guardians agree to pay the costs of the collection of any amounts due under this agreement, including reasonable attorney's fees, whether or not legal action is commenced and in addition to pay interest (2%) on all sums unpaid within 10 days after the due date.

C. INSURANCE

The Guardians shall provide health insurance coverage for the Boy during the initial or any extended Enrollment Period. A copy of the Health Insurance Policy must be provided to the Ranch upon admission to the Ranch. And it shall be the Guardians responsibility to maintain the health insurance policy in full force and effect during the initial and extended Enrollment Period. In the event any health insurance policy is terminated for any reason and a new is obtained, the Guardians shall notify the Ranch immediately and furnish a copy of the policy. In the event the Ranch

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learns that there is no health insurance coverage of the Boy for any reason, the Ranch may, but is not required to, obtain an appropriate health insurance policy at the Guardians expense.

6. **THERAPY.** The Guardians understand and agree that the Ranch, at its sole discretion or need, may at anytime change the amount or type of therapy provided for the boy. This includes changes, reductions, suspensions, or elimination or formal group or individual therapy sessions.

7. **SUPERVISION.** Guardians understand that the amount of supervision varies with each boy depending on his current status. The Ranch provides a high level of supervision, but it is understood that the supervision provided, regardless of status, does not guarantee that accidents, harm, self-injury, runaways, sexual activity, or use of substances cannot happen. These risks are present in any segment of society no matter how controlled or protected. The Guardian understands these risks, and agrees to hold harmless, and release the Ranch, and its staff, from all liability associated with these areas.

8. **COMMUNICATION AND PROGRESS UPDATES BETWEEN THE FAMILY AND THE PROGRAM.** The Guardians understand and agree that it is easier for each parent to contact the Program for communication and updates on their son's progress, than it is for the Program to track down several different parents at several different locations. It is also understood and agreed that the cost of telephone call is the responsibility of the Guardians. The Guardians understand and agree that the Family's Case Manager will set aside a 15-minute period of time on the first initial week of enrollment to properly get acquainted with each parent/guardian and to give an update on the boy's status and well being. The Guardians understand and agree that the Family's Case Manager will then set aside a 20-minute period of time each week after the first initial week of enrollment for the family to contact the Case Manager for communication and an update from the Program. The Guardian understands and agrees that the Case Manager will need to set the time of the calls, as the Case Manager will need to coordinate the call as not to interfere with calls already scheduled for other families. The Case Manager has other responsibilities that cannot be adjusted as they have to be accomplished at certain pre-arranged times. It is understood and agreed that the family will need to contact the Program at the time set by the Case Manager. It is further understood and agreed that the family will need to keep their call within the 20 minutes set aside for the family. It is also understood that due to illness or unexpected leaves, there may be some weeks that the Case Manager may not be available to receive the phone call from the family. In such cases, the family may not be available to receive the phone call from the family. In such cases, the family may contact the Director or his Assistants for an update, if the Case Manager has not made other arrangements.

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9. FAMILY COMMUNICATION AND VISITS WITH THE BOY. The Guardians understand and agree to follow the program's visit and phone policies. Communication between the family and Boy will be through written mail for at least the first three (3) weeks. Then when approved by the Boy's Treatment Team, which includes the Therapist, Case Manager, Director, and other staff as needed; weekly phone calls between the Boy and the guardians will be orchestrated by the Case Manager and Therapist. Visits may occur when the Boy has progressed in the program, with approval of the Treatment Team. The first visits are conducted at the facility, unless authorization is granted by the Program Director. The Guardians understand and agree that the Ranch shall be Released of any liability and responsibility of the Boy while on visitations and in the custody of the Guardians.

10. FOOD SERVICE. The Ranch provides a menu that is low in fat and sugars. The Guardians understand that while the menu is healthy and good for the boys, it is not the type of menu that is often the most popular among teenage boys. The Guardians understand and agree that the Ranch shall be released of any liability and responsibilities in connection with food poisoning or illnesses caused by food service.

11. RESPONSIBILITY FOR BOY'S PROPERTY. Each boy shall be responsible for the care of his property. The Guardians agree that the Ranch shall not be responsible or liable do to loss, damage, neglect, misplacement, or theft of the Boy's property, regardless of how it occurred. The Guardians agree that the Ranch is not responsible or liable for items left behind on visits, leaves, or when the Boy exit's the Program. The Guardian understands that the Ranch recommends that expensive or sentimental items are not brought to the Ranch.

12. TRANSPORTATION. The Guardians understand travel is a part of the program, and the risk of traffic accidents is always present. The Guardian agrees to hold harmless and release the Ranch from all liability for such accidents, any injuries, or fatalities resulting there from. Guardians give the Ranch permission to transport the boy as determined by the Ranch.

13. MEDICATION. The Guardians understand all medication is self administered by the Boy under supervision of a staff member. The Guardians understand that because all medication is self administered, problems or mistakes can happen in spite of supervision. The Guardians agree to hold harmless and release New Horizon's Youth Ranch and its staff from all liability associated with medications.

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14. AUTHORIZATION FOR DRUG SCREENING. Guardians hereby give consent and authorize the Ranch to take a urinalysis test, or blood test for drug screening purposes of the boy as deemed necessary by staff. If needed, the Guardians agree to pay for such expenses.

15. AUTHORIZATION FOR OBSERVATION STATUS. If the Boy is ever deemed, by the sole discretion of the Ranch, to be a potential danger to himself or others, the Guardians authorize the Ranch to confine the Boy in a special needs room away from the interaction of others. He will remain under close observation by a staff member until such time, that the staff feel he is no longer a significant danger to himself or others. The Guardians understand that all such decisions are judgment calls and are wide open to human or judgment error. Guardians agree to hold harmless and release the Ranch from any liability resulting from any decisions to place or discontinue placement of a boy on observation status.

16. AUTHORIZATION FOR SEARCH. Guardians hereby give consent and authorize the Ranch to search the personal effects and person of the Boy upon the initial enrollment into the Program and at anytime that may arise during the Boy's enrollment as deemed necessary by the Ranch or staff. The Ranch is hereby authorized to confiscate any and all items deemed, by the Ranch, to be contraband. The Ranch will dispose of all contraband items. The Ranch understands and agrees that the Ranch takes no responsibility for the care or return of confiscated items.

17. AUTHORIZATION FOR BEHAVIOR MODIFICATION. The Guardians understand that the Ranch's Behavior Modification Program includes rewards and behavior or rule violations. Rewards and incentives include earning points, privileges, trust, and status advancements. Consequences include earning points, privileges, trust, and status, and writing of essays (300-words in length). When a boy is given an essay, he is confined to a study carrel or other specified area away from the interaction of others, he is not allowed to participate in the normal Program until he completes the essay outlining what he did inappropriately, and what adjustments he will make in the future: This particular process may be scheduled for a certain period of time which may include a day or days depending upon the severity of the violation. The Guardians further understand and authorize the Ranch to maintain a strict code of conduct including rules on dress and grooming, interaction with others, use of manners, appropriate attitudes, and behaviors. The Guardians authorize the Ranch to apply the Behavior Modification techniques described herein and any others deemed by the Ranch to be necessary.

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18. AUTHORIZATION FOR RESTRAINT. Guardians hereby give consent and authorization to the Ranch personnel to physically restrain, control and detain the Boy if needed for and including, but not limited to, the following purposes: escort to or from the Ranch; to prevent the Boy from jeopardizing his safety or others; to prevent entering an unauthorized area; to prevent the destruction of property.

19. THE RANCH OPERATES AS AGENTS FOR GUARDIANS. The Guardians hereby agree that the Ranch and its staff operate in behalf of, and as agents for, the Guardians who affirm they are the legal guardian of the Boy. Any restrictions or curtailments of the Boy's privileges or rights as outlined and authorized in this Enrollment Agreement; are done by the Ranch or its staff on behalf of, and as agents for the Guardians.

20. AUTHORIZATION FOR RELIGIOUS STUDY. Guardians understand and agree that New Horizon's Youth Ranch is a non-denominational program that is Christ centered. The Ranch believes that faith in God is conducive to the Boys treatment and recovery, but the Guardians/Boys faith will not be undermined. Opportunities for boys to attend and participate in church services and activities are a part of our program. The Guardians hereby release the Ranch from any liability that may result from the Boys participation in religious services.

21. AUTHORITY TO ACT. New Horizon's Youth Ranch may perform any and all facts necessary as determined in their judgment, or the judgment of each of them severally for the health, welfare, and progress of the Boy, including, but not limited to (decisions in your place and stead), consent for hospitalization and/or consent for medical treatment, assistance and medical aid, psychological examination and assistance, of whatever nature, including surgery of any kind.

22. RESPONSIBILITY FOR INJURIES OR ACCIDENTS. Many of the activities in which the Boy may participate may involve some risks. These risks include, but are not limited to, such activities as transportation, sports, and recreational activities. There are also some inherent risks, including, but not limited to, illnesses, infections, injuries, accidents, and fatalities. The Guardian agrees to hold harmless and release the Ranch and its staff, from all liability for any injuries, illnesses, or other damages occurring to the Boy during his presence at the Ranch, whether on or off the Ranch property. The Guardians may elect to not allow the Boy to participate in specific activities provided written notice is given the Ranch prior to the conduct of such specific activities.

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23. INSURANCE REIMBURSEMENTS. Unless otherwise stated in writing and signed by both parties, the Ranch takes no responsibility for the approval or processing of Insurance reimbursements, payments, or billings. The Guardians agree to maintain the fee schedule while any reimbursements or payments are being processed.

24. CHOICE OF JURISDICTION, LAW, AND OTHER MATTERS. GUARDIANS AGREE TO BE SUBJECT TO JURISDICTION OF MONTANA COURTS IN ANY DISPUTE BETWEEN THE PARTIES TO THIS AGREEMENT. The parties agree that this Agreement constitutes a business transaction within the State of Montana, which transaction is subject to Montana Code as amended. Moreover, the parties agree that Montana Law shall govern this Agreement. In the event any part of this Agreement is determined to be invalid or unenforceable the remaining provisions of this Agreement shall remain valid and enforceable according to applicable law.

25. CONTRACT RENEWAL If it is determined that Boy is to enroll in a longer term program at the end of this contract, parents are required to fill out a new Enrollment Agreement supplied by the Program Director.

26. EARLY ENROLLMENT TERMINATION.

A. LIQUIDATION PROVISION. This Agreement is for a **75-90 day enrollment period**. If the Guardian desires to withdraw the Boy from the Ranch, they must provide the Ranch with a one (1) month written notice prior to the actual withdrawal. If the Guardians withdraw the Boy without giving a one (1) month written notice, or if the Guardian withdraws the Boy before the one (1) month notice has expired, the Guardians will forfeit any tuition paid to the Ranch for the original agreed upon length of stay in program. This payment is considered by the parties of this Agreement as a reasonable pre-estimate of the probable losses, which would be sustained by the Ranch, in the event of a withdrawal of the Boy, prior to the end of the Enrollment period. This "loss" amount is not considered by either of the parties to this Agreement as a penalty for early withdrawal of the Boy, but is intended to reimburse the Ranch for costs budgeting commitments made by the Ranch in connection with the enrollment of the Boy.

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B. INVOLUNTARY ENROLLMENT TERMINATION. The Ranch reserves the right to terminate enrollment of any Boy at anytime, either by default in the performance of any of the terms of this Agreement by the Boy or Guardian or if in the sole discretion of the Ranch the Boy is not a suitable resident of the Ranch or for any other reason the Ranch determines that the Boy should not continue to reside at the Ranch. In the event a Boy's enrollment is involuntarily terminated, the Ranch shall attempt to contact the Guardian and shall deliver the Boy to the nearest form of transportation and arrange at the Guardian's address. If the Boy's enrollment is involuntarily terminated by the Ranch, the Guardian will forfeit any remaining tuition for the month in which the Boy's enrollment is terminated. This "loss" amount is not considered by either of the parties to this Agreement as a penalty, but is intended to reimburse the Ranch for costs budgeting commitments made by the Ranch in connection with the enrollment of the Boy.

27. RELEASE OF LIABILITY FOR SUICIDE ATTEMPTS. The Guardians do hereby acknowledge that the Boy enrolling may have had previous suicidal tendencies but exhibits no signs or symptoms at this time and the Guardians hereby releases New Horizon's Youth Ranch and all employees from any liability from a suicide or suicide attempt.

Guardian _____ Date: _____
(Father/Guardian)

Guardian _____ Date: _____
(Mother/Guardian)

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28. **AMENDMENT.** This Agreement may be modified or amended, if the Amendment is made in writing and is signed by both parties.

29. **SCOPE AND MEANING OF AGREEMENT.** Guardians hereby acknowledge that they have read the entire Enrollment Agreement and that they understand and agree to its provisions. The Guardians understand that this is a legal and binding Agreement, and that this Agreement constitutes the entire Agreement between the parties. Any changes or adjustments must be in writing and signed by both the Guardians and the Program Director to be Valid.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the last date set forth below.

DATED this _____ day of _____, to _____.

GUARDIANS:

Signature of Father/Guardian

Date

Address of Father/Guardian

Signature of Mother/Guardian

Date

Address of Mother/Guardian

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ADDENDUM

You need to check one of the boxes and sign one of the items below so that we may act according to your wishes and in your behalf in terms of getting your boy medical attention.

• **OPTION #1**

Boys Name: _____ DOB _____.

We would like the staff at New Horizon's Youth Ranch to take our boy to the doctor anytime he feels he needs to see a doctor or anytime there are any symptoms no matter how slight. We understand and agree to be financially responsible for the medical attention and for the transportation/supervision. We also understand that the doctor's office is closed in the evenings and on weekends; any medical attention would be performed at the hospital in Whitefish, Montana during those times.

Father/Guardian

Mother/Guardian

Date

• **OPTION #2**

We would like the staff at New Horizon's Youth Ranch to use judgment in determining when to take our boy to see the doctor. We understand that the staff at New Horizon's Youth Ranch are not medical staff and like any parent, they could make mistakes in judgment, such as not getting the boy medical attention as early as recommended, or even as early as they should to avoid complications. Understanding this risk, we still request that the Ranch and its staff use judgment in determining when our boy needs medical attention and hereby hold harmless and release the Ranch and its staff from all liability associated with the judgment of the staff in this area.

Father/Guardian

Mother/Guardian

Date

(Note: Unless the Guardians release the Ranch and its staff from all liability associated with the use of judgment in this area, the Ranch and its staff would have no choice but to take the boy to the doctor's office every time he felt it was needed or there were symptoms of illness, no matter how slight. Otherwise the potential for making mistake in judgment is too great for the Ranch to shoulder responsibility or liability of this area.)

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REQUIREMENTS TO PROVIDE HEALTH INSURANCE

Dear Guardians:

It must be anticipated that accidents, injuries, and acute illnesses can and do happen. For the protection of the Boy, the parents, and the Ranch, every boy accepted for enrollment at New Horizon's Youth Ranch must be covered by a health insurance plan provided by his parents or guardians. If your family does not currently have a health provided by his insurance policy, it will be necessary for you to purchase coverage for the period of your child's enrollment. A copy of the policy must be provided to the Ranch and will be maintained in the Boy's file.

In addition, the Ranch must have on file signed health insurance claim forms (including dental, if available). Please be sure the employer and employee information sections are completed and forms are signed. The forms must be received prior to or at the time of the Boy's enrollment.

If you have any question regarding the above please feel free to contact us. The undersigned Guardians hereby represent and warrant that their Boy has the following health insurance policy or an equivalent policy shall be maintained at all times while the Boy is enrolled at the Ranch:

Father/Guardian

Mother/Guardian

INSURANCE INFORMATION

PATIENT FULL NAME: _____ DOB: _____
FULL NAME OF INSURED: _____ DOB: _____
ADDRESS: _____ CITY: _____ STATE: _____
ZIP: _____ PHONE#: _____ WORK#: _____
NAME INSURANCE COMPANY: _____
SS#: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE#: _____
NAME OF EMPLOYER OR GROUP: _____
POLICY: _____
GROUP: _____

◆ Please provide a copy of your insurance card(s), front and back as well as signed health insurance claim forms.

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PERMISSION TO RECEIVE THERAPY AND TREATMENT

Boy's Name: _____ DOB: _____

I understand that New Horizon's Youth Ranch Youth Ranch will provide therapy through personnel who are specifically contracted out to provide Therapeutic Services, and give my permission to provide treatment, therapy, psychiatric evaluations, or psychiatric treatment if needed. I also give permission to treat and/or prescribe medications to my son or make changes to his current treatment.

Date

Father/Guardian

Date

Mother/Guardian

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MEDICAL CARE RELEASE

We, the Parent(s)/Guardian(s) of _____
Hereby authorize New Horizon's Youth Ranch, 6442 West Kootenai Road,
Rexford MT, 59930 to obtain medical care for him in the event of an illness,
injury, or other emergency. We further authorize medical and hospital treatment
by a licensed physician to perform any procedures that they may deem to be
medically appropriate for his well-being. We also accept financial responsibility
for any such medical care emergencies.

Father/Guardian: _____

Mother/Guardian: _____

Date: _____

**NOTE: Parents may request that non-emergency Dental or Medical treatment
will only be performed with prior approval and consent.**

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MEDICAL & DENTAL HISTORY

Child's Name: _____ **DOB:** _____

- | | | |
|--|-----|----|
| 1. Is child taking medications? | Yes | No |
| 2. Has child been taking medications? | Yes | No |
| 3. Is child allergic to any medications? | Yes | No |
| 4. Is child allergic to any foods? | Yes | No |

If yes was answered to any of the above questions please explain: _____

DURING THE PAST YEAR HAS THE CHILD EXPERIENCED ANY:

- | | | |
|--|-----|----|
| 5. Ear pain or hearing loss? | Yes | No |
| 6. Eye discomfort or sight loss? | Yes | No |
| 7. Frequent headaches? | Yes | No |
| 8. Dizziness or fainting spells? | Yes | No |
| 9. Hay fever or other allergies? | Yes | No |
| 10. Skin Sores, rashes, or hives? | Yes | No |
| 11. Warts, moles, or swelling? | Yes | No |
| 12. Cough or persistent cough? | Yes | No |
| 13. Stomach aches or indigestion? | Yes | No |
| 14. Urinary burning or frequent urinating? | Yes | No |
| 15. Sugar in urine? | Yes | No |
| 16. A sexually transmitted disease? | Yes | No |
| 17. Tumor, cyst, growth, or cancer? | Yes | No |
| 18. Heart disease? | Yes | No |

If yes was answered to nay of the above questions, please explain: _____

HAS YOUR CHILD EVER HAD:

- | | | |
|---|-----|----|
| 19. Deformities of any kind? | Yes | No |
| 20. Diabetes? | Yes | No |
| 21. Asthma? | Yes | No |
| 22. Arthritis? | Yes | No |
| 23. Seizures, convulsions, or epilepsy? | Yes | No |

If yes was answered to any of the above questions, please explain: _____

HAS YOUR CHILD EVER BEEN :

- | | | |
|---|-----|----|
| 24. Sexually abused? | Yes | No |
| 25. Physically abused? | Yes | No |
| 26. Psychologically abused? | Yes | No |
| 27. Classified as neglect by Child Welfare? | Yes | No |

If yes was answered to any of the above questions, please explain: _____

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DOES YOUR CHILD CURRENTLY HAVE:

- | | | |
|---|-----|----|
| 28. Glasses or contact lenses? | Yes | No |
| 29. Special dietary needs? | Yes | No |
| 30. Orthopedic or Orthodontic appliances? | Yes | No |

If yes was answered to any of the above questions, please explain: _____

Hospitalizations and Surgeries in the past five years:

Date: _____ Hospital: _____

Address: _____

Reason for Hospitalization: _____

Dental Braces:

If your student has braces and/or a retainer, do you wish, at your expense, to have regular check-ups by a local orthodontist? If so, please sign this statement as an authorization for care.

Monthly Orthodontist care approved by:

Parent or Legal Guardian

Date

SPORTS:

Are there any known physical conditions that would prevent your child from participating in sports or physical education classes?

Yes

No

If yes, please explain: _____

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RELEASE OF INFORMATION AND RECORDS

Name: _____
SS#: _____ **Date of birth:** _____

I/we, the undersigned, do hereby give consent to:

Name: _____

Address: _____

Phone #: _____

To release information and records to New Horizon's Youth Ranch as categorized and detailed below, pertaining to the above-named boy who is my child/ward.

**TYPE OF INFORMATION:
RECORDS:**

SPECIFIED INFORMATION

Educational

**Transcripts, Educational Records, IEP,
and Behavioral Records**

Medical

Diagnostic and Medical Records

**Dental
Therapeutic**

**Dental Records
Background information that will
Help aid in the further care and
Management of this child.**

Psychiatric/Psychological

**All diagnostic and medical reports
available**

Date

Father/Guardian

Mother/Guardian

Please send records to:
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New Horizon's Youth Ranch
Enrollment Information Form

Enrollment Information:

Is the child adopted? _____ Yes _____ No

1. Father's Name: _____ Social Security #: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell: _____
E-mail Address: _____

2. Mother's Name: _____ Social Security #: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell: _____
E-mail Address: _____

3. Step Father's Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell: _____
E-mail Address: _____

4. Step Mother's Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell: _____
E-mail Address: _____

EMERGENCY PHONE NUMBER: _____

Contact Person: _____ Relationship: _____

5. Is family divorced? _____ Yes _____ No
If divorced, which parent has custody? _____
(please attach a copy of custody order)

6. Placement Counselor: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
*If counselor is to receive progress reports, please sign this paragraph as in
Authorization.*

Parent/Guardian

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As legal Guardian (s), having both legal and physical custody of _____
_____, whose date of birth is _____.

We direct New Horizon's Youth Ranch and its staff to send all outgoing
and incoming mail (except for those sent from us, or those that are
approved) for _____ this directive. It is understood that New
Horizon's Youth Ranch is operating at our discretion in this behalf.

Date

Father/Guardian

Mother/Guardian

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PERMISSION TO PHOTOGRAPH

Boy's Name: _____ DOB: _____

I understand that New Horizon's Youth Ranch staff will be taking an identification photograph for the Ranch student files. Therefore I consent for photographs to be taken of the above mentioned Boy for New Horizon's Youth Ranch files and as the Ranch deems necessary and appropriate, and release the Ranch from any liability. We also understand that photographs are quite often taken during outings and can be posted on the Parent Page of website at any time.

Date _____

Father/Guardian

Mother/Guardian

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THINGS TO BRING

Conservative quantity of
Clothing / shoes
(See Below)
Hand Towels
Bath Towels
Washcloths
Pillow
Blankets
Twin Flat Sheet (2)
Twin Fitted Sheet (2)
Personal toiletries (soap shampoo...
Deodorant, toothpaste, toothbrush...

THINGS NOT TO BRING!!

Stereo recorder, walkman, tape..
Aerosol sprays of any kind
Hair dyes/colored mousse
Chewing gum
Black clothing minimal
Scissors, razors, or knives
T-shirts with occult symbols
Combat boots
Stamps
Money
Candy or food
Jeans with holes

Amount of clothing to bring :

The recommended clothing to bring is as follows:

7 shirts	10 pair socks
7 jeans	1 pair athletic shoes
8 underwear	1 pair slippers
2 set nightwear	1 light weight jacket
1 bathing suit	2 dress shirts

VALUABLES:

Items that have significant financial or sentimental value should only be brought at the owner's risk. The contract specifically states that New Horizon's Youth Ranch does not accept responsibility for lost or stolen items, or items left behind after the boy is no longer at the Ranch.

CARE PACKAGES:

Check with staff on items you would like to send.

Guardians please, do not send more than what is listed here. If your son is asking for anything that he would like you to send, please wait till your weekly pre-arranged phone call with your Case Manager, to check if it will be approved before sending.

- Parents choosing to send their Boy's clothing and belongings to the facility directly, the address is:

*New Horizon's Youth Ranch
6442 West Kootenai Road
Rexford, MT 59930*

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Rexford, MT 59930*

*New Horizon's Youth Ranch
Outdoor Equipment and Clothing Requirements*

Hiking pack and Water bottle, or Camel bag

Back Pack

Sleeping Bag (-20 degree, poly filled)

Hiking boots (sturdy, heavy duty)

Waterproof, Breathable winter Jacket

Waterproof, Breathable pants

Fleece Jacket

Sweat Shirts

Headlamp

Work Jacket (lined denim or canvas, such as Carhart)

Rod and Reel

Cross-Training shoes

Leather work Gloves

Ball Cap

We expect the adolescents of our household to dress in proper clothes. We live in a conservative, rural setting and recognize the impact personal appearance has on one's social acceptance and identity. If you are uncertain about the appropriateness of a particular item or items, do not send it. Feel free to call if you have any questions (406)889-5996 or (406) 889-5995, ask for Tom or Rosie.

*New Horizon's Youth Ranch
6442 West Kootenai Road
Rexford, MT 59930*

Reference Sheet

Pastor & Mrs. Curt McDuffie	Phone: (406) 889-3388 Church: (406) 889-3207
Brian & Eileen Ballard <i>(Family of former student)</i>	Phone: (425) 485-1417
Darrel & Gina Riseberg <i>(Family of a current student)</i>	Phone: (501) 868-1043
John & Mary Ann Pommerich <i>(Family of a previous student)</i>	Phone: (559) 591-0700 Cell: (559) 310-3148
Mr. & Mrs. Mark Cangelosi <i>(Family of a previous student)</i>	Phone: (812) 295-4923
Ken & Lisa Marek	Phone: (406) 240-4386
Bill & Laurel Barnett <i>(Family of a current student)</i>	Phone: (847) 639-0733
Gary & Deb Hoffman	Phone: (406) 291-3663

New Horizon's Youth Ranch
6442 West Kootenai Road
Rexford, MT 59930

SPECIAL POWER OF ATTORNEY
PURSUANT TO MONTANA CODE 72-5-103

KNOW ALL MEN BY THESE PRESENTS, that I/we, the legal guardians of _____, a minor, have made, constituted, and appointed, and by these presents do make constitute and appoint _____ of

_____, Montana, my/our true and lawful attorney for and in my name, place and stead and for my use and benefit to do as follows:

1. To vest in my/our attorney-in-fact all of my/our powers regarding the care and custody of my/our child;
2. To make all necessary decisions concerning the educational, physical, and medical care for my/our child;
3. To sign, seal, execute, deliver and acknowledge such instruments in writing of whatever kind or nature as may be necessary or proper in the premises to carry forth the appointment contained herein.

Giving and granting unto said attorney-in-fact full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in connection with the above stated purposes, as fully to all intents and purposes as the signer might or could do if personally present, and hereby ratifying and confirming all that said attorney-in-fact shall lawfully do or cause to be done in the above stated purpose.

In compliance with the law, this attorney-in fact shall cease to be effective one year from the date of execution hereof.

In executing this Power of Attorney, I fully understand that my child shall reside and make his/her home on a full time basis with the attorney-in-fact during the period of duration of the Special Power of Attorney.

IN WITNESS WHEREOF, I/WE have hereunto set my/our hand(s) and seal(s) the _____ day of _____, 20_____

STATE OF _____)
COUNTY OF _____) ss.

On this _____ day of _____, 20____, before me the undersigned Notary Public, personally appeared _____ and _____, Known or identified to me to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on the day and year first above written in this certification.

NOTARY PUBLIC FOR MONTANA
RESIDING AT:
MY COMMISSION EXPIRES: