

# Heritage Ranch Client Enrollment Packet



Heritage Ranch Board Approved

12/2/2015

## Table of Contents

**SECTION 1: FEES FOR SERVICE** ..... 3

[APPLICATION FEE – REVISED 02.26.2014](#) ..... 3

[ADMISSION FEE– REVISED 02.26.2014](#) ..... 3

[ROOM, BOARD, TUITION FEES– REVISED 02.26.2014](#)..... 3

[BILLING– REVISED 02.26.2014](#)..... 3

**SECTION 2: CONTRACT AND FORMS** ..... 4

[TUITION CONTRACT– REVISED 02.26.2014](#) ..... 4

[DEBT AUTHORIZATION FORM– REVISED 02.26.2014](#)..... 5

[MEDICAL RELEASE– REVISED 02.26.2014](#)..... 6

[OVER THE COUNTER MEDICATION RELEASE– REVISED 05.12.2014](#) ..... 7

[PRESCRIPTION MEDICATION RELEASE– REVISED 05.12.2014](#)..... 8

[ADMIT MEDICAL EXAMINATION/REQUIRED LABORATORY STUDIES-- REVISED 02.26.2014](#) ..... 9-10

[SPORTS ELIGIBILITY– REVISED 02.26.2014](#)..... 11

[DENTAL EXAMINATION– REVISED 02.26.2014](#)..... 12

[AUTHORIZATION FOR DRUG SCREENING– REVISED 02.26.2014](#)..... 13

[GUARDIANSHIP AFFIDAVIT– REVISED 02.26.2014](#) ..... 14

[AUTHORIZATION TO CARE FOR CHILD– REVISED 12.02.2015](#)..... 15

[AUTHORIZATION TO PROVIDE MENTAL HEALTH SERVICES– REVISED 12.02.2015](#)..... 16

[STUDENT PERMISSION SLIPS– REVISED 02.26.2014](#) ..... 17-19

[AUTHORIZATION FOR TRANSPORT– REVISED 02.26.2014](#) ..... 20

[AUTHORIZATION FOR CHILD CONTACT– REVISED 02.26.2014](#)..... 21

[CONTACT PERMISSION– REVISED 12.02.2015](#)..... 22

[STATEMENT OF RESPONSIBILITY– REVISED 02.26.2014](#)..... 23

## Section 1: Fees for Service

### Application Fee– Revised 02.26.2014

A \$20 non-refundable application fee is required for all **newly applying** students at the time an application is first submitted.

### Admission Fees– Revised 02.26.2014

Everyone must pay the following **non-refundable** admission fees at time of admission and every additional year at the Heritage Ranch.

- Admission fee for first time student- \$350
- Admission fee for returning student- \$250

### Room, Board, Tuition Fees– Revised 02.26.2014

The room, board, and tuition fees are \$12,000 per year or \$1,000 per month, including any partial months your child is at Heritage Ranch. Personal spending money is payable along with the tuition. We recommend \$8 per week, (\$32 per month) but no more than \$40 monthly.

### Billing– Revised 02.26.2014

After a child is enrolled, a monthly financial statement will be mailed to the responsible party. Your statement should arrive within 10 days of the billing date. Tuition and student spending payments may be made in one monthly payment and are due **on the first of every month.** Anything received in our Business Office after the billing date on your statement will be shown on the following month's statement. Heritage Ranch also offers Automatic Cash withdrawals from your bank account if preferred. An ACH account form must be filled out and placed on file if you wish to pay your monthly bill this way. **If you have any questions, please contact us.**

**Note:** All payments should be sent payable to 'Heritage Ranch' and mailed directly to our business office. Please **DO NOT** send money or checks directly to your child or their houseparent.

## Section 2: Contract and Forms

### Tuition Contract– Revised 02.26.2014

For and in consideration of your allowing the above named child to be admitted to Heritage Ranch, I agree and promise to pay on the first day of each month for room, board, and tuition the sum of \$\_\_\_\_\_. If my tuition is late, I agree to pay a late payment penalty which is equal to 10% of my current monthly tuition cost (payment is due no later than the 10<sup>th</sup> of each month). I also agree and promise to reimburse Heritage Ranch for all funds paid or cost incurred by Heritage Ranch as a result of any medical attention received by said child including, but not limited to, the cost of all hospitals, doctors, drugs, prescriptions and medical supplies. I understand and agree that I will also pay for all attorney fees incurred by Heritage Ranch should I fail to pay my obligations above agreed upon. Further, I understand that this agreement is to be construed according to the laws of the State of Louisiana.

**Entrance fees and tuition fees are NON-REFUNDABLE.**

**Only personal spending money is refundable if there are no other expenses outstanding.**

Please indicate by which form you would like monthly reminders/payments:

- Monthly mailed invoices
- Monthly e-mailed invoices
- Monthly Automatic debt withdrawals from the bank account (if you choose this option please complete the following ACH page)
- Monthly credit card payment

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intake Office Approval

\_\_\_\_\_  
Date

**Debt Authorization Form– Revised 02.26.2014**

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)**

Individual/Company Name (Circle One) \_\_\_\_\_

I (we) hereby authorize Heritage Ranch to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) \_\_\_ Checking \_\_\_ Savings account [select one] indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

Bank \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Routing Number \_\_\_\_\_ Acct Number \_\_\_\_\_

Amount \$ \_\_\_\_\_ to be debited  Monthly  Quarterly  Semi-Annually  One Time

Until further written notice, please debit my contribution from my bank account as indicated above

Debit the indicated amount beginning \_\_\_/\_\_\_/\_\_\_ ending \_\_\_/\_\_\_/\_\_\_

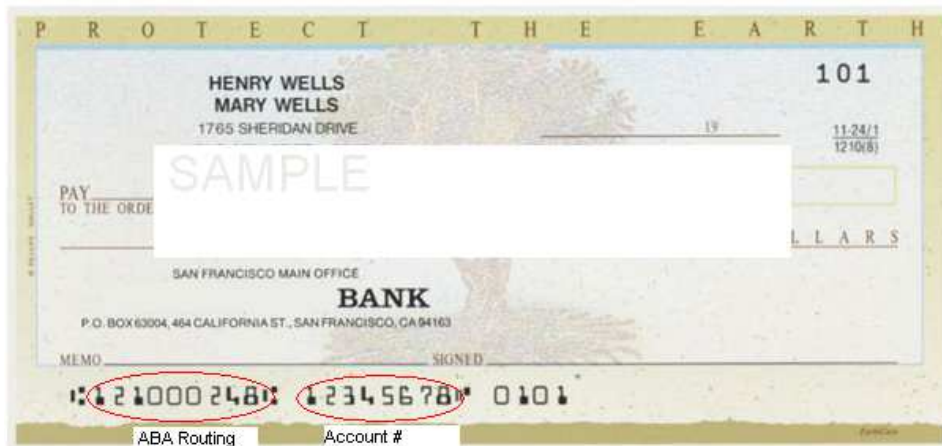
***Your account will be debited on the first of the month.***

Name(s) as listed on account \_\_\_\_\_

(PLEASE PRINT)

Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_



**Medical Release– Revised 02.26.2014**

I, \_\_\_\_\_, hereby give my permission for Heritage Ranch to take my child, \_\_\_\_\_, to any medical doctor or hospital for medical treatment, or dentist/oral surgeon for dental treatment. CUSTODY HOLDER(S) understands that every effort will be made to contact me in the event of a medical or dental emergency. In the event CUSTODY HOLDER(S) cannot be immediately located, Heritage Ranch is empowered to authorize hospitalization and/or surgery. I further release Heritage Ranch to disclose confidential health information, with the appropriate medical staff when necessary. I understand that I am fully responsible for the fees incurred for any medical treatment.

Custody Holder’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Intake Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

**Over- the- Counter Medication Release– Revised 05.12.2014**

I, \_\_\_\_\_, hereby give my permission for Heritage Ranch to administer over-the-counter medication to \_\_\_\_\_, according to the instructions on the medicine bottle. I release Heritage Ranch from any responsibility, financial or otherwise, when giving medication.

Please list any medicine allergies (i.e. penicillin, Tylenol)

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

Custody Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

Intake Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

**Prescription Medication Release– Revised 05.12.2014**

I, \_\_\_\_\_, hereby give my permission for Heritage Ranch to administer prescription medication to \_\_\_\_\_, as prescribed.

In order for Heritage Ranch to release medicine to a youth, a copy of the prescription and a Heritage Ranch Medicine Record form must be completed. I release Heritage Ranch from any responsibility, financial or otherwise, when giving medication.

Custody Holder’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Intake Staff Signature \_\_\_\_\_ Date \_\_\_\_\_



**Admit Medical Exam– Revised 02.26.2014**

Name of Applicant \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ lbs Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

	CIRCLE ONE	EXPLAIN IF ABNORMAL
• Skin.....	Normal Abnormal	_____
• Head, Scalp.....	Normal Abnormal	_____
• Eyes, Pupils.....	Normal Abnormal	_____
• Fundoscopic.....	Normal Abnormal	_____
• Ears.....	Normal Abnormal	_____
• Nose and Sinuses.....	Normal Abnormal	_____
• Mouth and Teeth.....	Normal Abnormal	_____
• Pharynx and Tonsils....	Normal Abnormal	_____
• Lymphadenopathy.....	Normal Abnormal	_____
• Breasts.....	Normal Abnormal	_____
• Lungs.....	Normal Abnormal	_____
• Neck, Trachea, Thyroid.....	Normal Abnormal	_____
• Heart.....	Normal Abnormal	_____
• Abdomen.....	Normal Abnormal	_____
• Genitalia.....	Normal Abnormal	_____
• Pelvic, vaginal or rectal.....	Normal Abnormal	_____
• Spine, Musculoskeletal.....	Normal Abnormal	_____
• Extremities.....	Normal Abnormal	_____
• Reflexes.....	Normal Abnormal	_____

**EYE EXAMINATION**

**HEARING EXAMINATION**

Vision R \_\_\_\_/\_\_\_\_ L \_\_\_\_/\_\_\_\_

R \_\_\_\_\_

Corrected Vision R \_\_\_\_/\_\_\_\_ L \_\_\_\_/\_\_\_\_

L \_\_\_\_\_

Comments \_\_\_\_\_

Do you consider applicant physically fit to participate in school activities, including P.E. and work program at Heritage Ranch? \_\_\_\_\_

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

Would you advise any limitation of physical activity? \_\_\_\_\_ If yes, what? why?  
 \_\_\_\_\_  
 \_\_\_\_\_



**Admit Medical Exam– Revised 02.26.2014**

Is this student taking any medication? (If so, please give information and prescription.) \_\_\_\_\_

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

Any known sexually transmitted diseases? \_\_\_\_\_ If yes, explain \_\_\_\_\_

\_\_\_\_\_

Please give past history of any serious illness, injury, surgery, drug reaction, additional comments, etc.

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

**Required Laboratory Studies– Revised 02.26.2014**

(Applicant cannot be accepted for admission unless all laboratory studies are completed.)

- CBC \_\_\_\_\_ VDRL \_\_\_\_\_ Blood Sugar \_\_\_\_\_ Hb \_\_\_\_\_  
gm WBC \_\_\_\_\_ Differential \_\_\_\_\_ Blood Type \_\_\_\_\_
- Urine Analysis: Specific gravity \_\_\_\_\_ alb \_\_\_\_\_ Sugar \_\_\_\_\_  
Microscopic \_\_\_\_\_
- Drug Screen (Attach OR FAX Lab Results)
- HIV Test (Attach OR FAX Lab Results)

I hereby certify that the applicant is free from any infectious disease, is in good general health, and is able to live and work in a boarding school setting.

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Physician \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Sports Eligibility – Revised 02.26.2014**

No pupil shall be eligible to represent their school in interscholastic athletics unless there is, on file in the Treatment Center’s office, a physician’s statement for the current year certifying that the pupil has passed an adequate physical examination, and that in the opinion of the examining physician, he/she is fully able to participate in school athletics.

This is to certify that on this \_\_\_\_\_ day of \_\_\_\_\_ month \_\_\_\_\_ year, I performed the above limited examination on \_\_\_\_\_ of Heritage Ranch, and based upon evaluation of the medical history provided and upon my limited examination, I am of the opinion that \_\_\_\_\_ is/is not (please indicate) physically able to participate in athletic events of the school.

Please list limitations \_\_\_\_\_  
\_\_\_\_\_

Physician’s Signature \_\_\_\_\_, (M.D. or D.O.)

Name of Physician (printed or typed) \_\_\_\_\_

**Dental Examination– Revised 02.26.2014**

Client Name: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Dental History:

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

1. My general dental examination on this student reveals no reason to restrict diet, sports, work or other areas of life in a residential setting

2. Restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Necessary Follow-Up Appointments or Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Dentist \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Dentist \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Status \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Authorization for Drug Screening– Revised 02.26.2014**

In the event the staff at Heritage Ranch has any reason to believe that my child has been or is involved in any activity relating to the use of a controlled substance, I, \_\_\_\_\_, youth’s guardian, hereby authorize Heritage Ranch to test my youth, \_\_\_\_\_, for controlled substance use. I

understand the results of the test will remain confidential and will only be released to authorized staff for the purpose of determining what treatment is best for the youth and his/her family. As a result of a positive drug screen, the youth’s ability to maintain placement will be determined on a case-by-case basis dependent on severity of the issue and the youth’s desire and commitment to recovery.

At that time, the treatment options will be determined and incorporated into the youth’s treatment plan.

\_\_\_\_\_  
Custody Holder’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child Placement Worker or Youth and Family Counselor Signature

\_\_\_\_\_  
Date

**Guardianship Affidavit– Revised 02.26.2014**

I, \_\_\_\_\_, affirm that I have sole legal guardianship/custody of \_\_\_\_\_ and have provided the appropriate legal and current paperwork to Heritage Ranch. In the event custody is shared, I affirm I have legal physical custody, and I have the legal right under the custody order to place \_\_\_\_\_ at Heritage Ranch. I share custody of \_\_\_\_\_ with \_\_\_\_\_.

I understand that this statement is being made in order to provide proof of guardianship so that the above named child may be admitted into Heritage Ranch.

The information I have given above is true, accurate, and complete. I understand and agree that any false statements contained herein will be sufficient cause to remove the above named child from the Heritage Ranch program.

\_\_\_\_\_  
Signature of Custody Holder

\_\_\_\_\_  
Date

(SEAL)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

**Authorization to Care for Child – Revised 12.02.2015**

I, \_\_\_\_\_, am the parent or guardian of \_\_\_\_\_ (Youth Name) \_\_\_\_\_ (DOB), and legally entitled to grant this authorization. I grant authority, limited to the below defined powers, over \_\_\_\_\_ (Youth name) to Brian Zawodniak, Brenda Zawodniak, and Vicki Ellis, who are employed at Heritage Ranch Christian Children’s Home. The powers granted to Brian Zawodniak, Brenda Zawodniak and Vicki Ellis are the following (check and initial):

- To authorize medical and dental care for the above child, including but not limited to medical examinations, x-rays, tests, anesthetic, surgical operations, hospital care or other treatments that are needed or useful for my child. Such medical treatment shall be provided upon the advice of and supervision by a physician, surgeon, dentist or other medical practitioner licensed to practice in the United States. \_\_\_\_\_
- To provide food and shelter for the above-named child and to make decisions regarding their day-to-day activities. \_\_\_\_\_
- To enroll the child in school and make educational decisions, including authority to consent to school-related activities and field trips, and authority to consent to Individualized Educational Plans and 504 Accommodations \_\_\_\_\_
- To transport the child, including authorization to pick up the child from school. \_\_\_\_\_
- To seek mental health services for the child. \_\_\_\_\_

*Check one:*

- This grant of authority is effective as of \_\_\_\_\_ and shall remain in effect until terminated by the undersigned parent or guardian.
- This grant of authority shall be valid for the following time period: From \_\_\_\_\_, 20\_\_ until \_\_\_\_\_, 20\_\_.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn and Subscribed before me, Notary Public, this \_\_\_ day of \_\_\_\_, 2015.

\_\_\_\_\_  
Printed Name: \_\_\_\_\_; Bar Roll No./Notary ID NO. \_\_\_\_\_

My Commission expires \_\_\_\_\_ Seal:

**Authorization to Provide Mental Health Services – Revised 12.02.2015**

Upon signature, Heritage Ranch agrees to help facilitate and/or provide services for \_\_\_\_\_ . Services will be determined by the youth’s case plan/service agreement which is consistent with the mission of Heritage Ranch and the custody holder(s) \_\_\_\_\_. The agreed upon case plan will be regularly assessed by the Heritage Ranch Team and the youth’s custodial holder(s) in order to maximize the goals of the Heritage Ranch Team and the youth’s custodial holder(s).

As Custodial parent of the above named minor, I am signing this authorization on a voluntary basis only.

\_\_\_\_\_  
Child Placement Worker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Custodial Parent

\_\_\_\_\_  
Date



**Student Permission Slip– Revised 02.26.2014**

A copy of this document will be kept in the client’s file with original kept in the Heritage Ranch vehicle. Please print all information

Student’s Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School Attending \_\_\_\_\_

Grade \_\_\_\_\_ Gender: \_\_\_M \_\_\_F Race \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Other \_\_\_\_\_

Guardian/Parent’s Name \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact Name and Phone Number (Other than someone living in household)

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Pertinent Medical Information: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Medications or Medical Conditions \_\_\_\_\_

\_\_\_\_\_

**Student Permission Slip– Revised 02.26.2014**

**Activities and Content Approval:** The undersigned approves of and encourages the participation of \_\_\_\_\_ (child’s name) in the Heritage Ranch Residential Program. The Parent/Guardian also agrees to the discussion with the “Student” of topics that may be deemed sensitive such as substance abuse, peer pressure, HIV/AIDS education, postponing parenthood and self-esteem. In return, for the “Student” taking part in these activities the Parent/Guardian hereby relieves and releases Heritage Ranch, its Executive Director and volunteers, and all persons assisting in these activities, from any and all liability from the accident or injury of the member while taking part in these activities.

Guardian’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**Information Waiver:** Students and Parent/Guardian understand Heritage Ranch has a legitimate interest in protecting the safety of the participants, including the Student, volunteers and staff. Accordingly, the Student and Parent/Guardian hereby authorize Heritage Ranch to contact third parties, including the East Baton Rouge parish School Board Department of Human Services, East Baton Rouge Parish law enforcement agencies, and other government agencies and offices for information relating to the Student, and hereby consent to and agree to release of such information by such third parties to Heritage Ranch. This information may include absentee reports, grades, and other school information that will allow the staff to effectively work with the Student.

Guardian’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photography Permission:** Parent/Guardian also gives consent for any photographs/videos in which my child may appear to be used by Heritage Ranch for publicity, program development, and fundraising.

Guardian’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**Permission for Emergency Treatment:** Heritage Ranch staff has my permission to seek emergency medical treatment for my child, \_\_\_\_\_, in the event that I cannot be reached. My child may be taken to the nearest medical facility in the event my private doctor is not available. In case of emergency, parents are responsible for any bill incurred in seeking treatment.

Guardian’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**Student Permission Slip– Revised 02.26.2014**

**Approval for Transportation/ Participation:** I approve the participation of \_\_\_\_\_ (child’s name) in Heritage Ranch Service Learning and Educational Projects. I give my consent for said child to be transported via the East Baton Rouge Parish School Transportation System to and from off campus activities. In return, for the “Student” taking part in these activities the Parent/Guardian hereby relieves and releases Heritage Ranch, its Executive Director and volunteers, and all persons assisting in these activities, from more generic to all transportation and all liability from the accident or injury of the member while taking part in these activities.

Guardian’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**Authorization for Transport– Revised 02.26.2014**

I give permission for my child, \_\_\_\_\_, to be transported  
(child's name)  
in Heritage Ranch vehicles or vehicles (i.e. School bus) deemed necessary to accomplish the  
Heritage Ranch mission.

\_\_\_\_\_  
Custody Holder (Print name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Custody Holder's Signature

\_\_\_\_\_  
Date

**Authorization for Contact– Revised 02.26.2014**

The following individuals have the right to contact my child, \_\_\_\_\_.

I reserve the right to edit this contact list at anytime during my child’s stay at Heritage Ranch.

\_\_\_\_\_

\_\_\_\_\_

Custody Holder (Print name)

Date

\_\_\_\_\_

\_\_\_\_\_

Custody Holder’s Signature

Date

<b>Contact List</b>	
<b>Contact Name</b>	<b>Type of Contact Permitted <i>(Letters, telephone, visits, etc)</i></b>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

**Contact Permission—Authorization 12.02.2015**

Client’s Name: \_\_\_\_\_ Client’s number: \_\_\_\_\_

The list below includes individuals who are approved to have contact with the client. Please consider the impact of the person who calls in order to create positive interaction.

Approved for Calls	Phone number	Relation to client	
1.			
2.			
3.			
4.			
Approved for pick-up	Phone number	Relation to client	Driver’s license number
1.			
2.			
3.			
4.			

When picking up the client, the individual will be required to present a valid driver’s license, passport, or official picture ID.

The only person that is allowed to complete this form is the legal guardian. This form will be used to monitor who the student communicates with and who will be allowed to visit the student. To change this form the legal guardian of the student must complete a new form. The form must be signed and submitted to Heritage Ranch by the legal guardian.

When adding a contact to the list, please complete the new form one week prior to communication. When removing a person from the contact list, the request will take effect immediately.

I \_\_\_\_\_, the legal guardian of \_\_\_\_\_, have read and understand the terms of this contact permission form. I will abide by this agreement for the betterment of the student.

Legal Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

Heritage Ranch Intake Staff Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Statement of Responsibility– Revised 02.26.2014**

**Student’s Statement of Responsibility**

If I am accepted as a resident of Heritage Ranch, I agree to obey the rules and regulations, to make the best use of my time in home life, treatment, and school, and to carry out the duties assigned to me to the best of my ability.

\_\_\_\_\_ I understand that Heritage Ranch is an inter-denominational faith based organization.

\_\_\_\_\_ I understand that as a resident of Heritage Ranch, I will participate in family devotionals, youth group and Sunday church services (the Sundays I am at the Ranch) at the church chosen by the Houseparent couple.

\_\_\_\_\_ I understand that I have the right to refuse treatment. However, if I do refuse treatment, I will not longer be able to participate in the program at Heritage Ranch.

Signature of Student \_\_\_\_\_ Date: \_\_\_\_\_

**Parent’s/Guardian’s Statement of Responsibility**

\_\_\_\_\_ As a parent, guardian or sponsor of the applicant, I am enrolling him/her with the intention of his/her continuing at Heritage Ranch for the complete school year. I agree to his/her remaining at Heritage Ranch unless Heritage Ranch’s authorities find it necessary to dismiss him/her. I understand that the compensation for the work he/she does is in the school expenses and not in cash.

\_\_\_\_\_ I am willing to furnish transportation during weekends home. I am willing to comply with the timeframe set for pick up and drop off times for the children.

\_\_\_\_\_ I am willing to implement the level system from Heritage Ranch at home with my child and maintain level sheet that I will then share with house parents and counselors at my sessions.

\_\_\_\_\_ I will attend a family session at least twice a month at Heritage Ranch.

\_\_\_\_\_ I agree to pay the minimal financial charge on time every month.

\_\_\_\_\_ I have read all the information regarding Heritage Ranch and agree to cooperate with all its requirements, including, but not limited to, our family treatment plan.

\_\_\_\_\_ I give my consent to use any photographs or facsimiles of my child in Heritage Ranch publications/presentations.

\_\_\_\_\_ When my child is discharged from the program, I understand Heritage Ranch is not responsible for any possessions left behind, and Heritage Ranch is not responsible for mailing them to me.

The signing of this application by the applicant and his/her parents or guardian, and filing of the same with Heritage Ranch, shall have all the force and the effect of a binding contract if the applicant is accepted and for as long as he/she shall remain at Heritage Ranch.

Signature of guardian: \_\_\_\_\_

Date: \_\_\_\_\_