

Cross Creek Programs, LLC

Parent Checklist

Here is the enrollment agreement, it should be noted that the School operates on “results” basis rather than a time basis. It is important to complete all phases including the most critical internalization phase of the Program.

The School only accepts students who have parents that are committed to the Student completing all phases of the program. Without this commitment, students tend to put in time rather than effort, and do not make the internalized changes necessary for their long term success.

Please understand that the School will not accept any students unless the following items accompany or precede the student.

1. The Originals of this entire Agreement – signed and completed.
2. If child is on any medication please send at least one month supply with them.
3. In case of divorce, custody must be verifiable. If both biological parents are signing, no custody verification is necessary.
4. Copy of insurance card front and back.
5. Copy of Students Social Security Card.
6. Immunization Records.
7. Certified Birth Certificate.
8. TWO SEPARATE CHECKS ONE FOR MEDICAL DEPOSIT MADE PAYABLE TO *HURRICANE FAMILY CLINIC* FOR \$200.00 AND ONE FOR UNIFORMS MADE PAYABLE TO *CCP* FOR \$300.00

Teen Help must receive the following:

1. A copy of this entire Agreement – signed and completed.
2. Check covering the first month’s tuition and processing fee. Make check payable to Cross Creek Programs for the following amount: \$6,995.00

Please send to: Teen Help
P.O Box 3109
ST. George, Utah 84771
FAX: 435-674-4830

Signature _____

This sheet needs to be signed and returned with the enrollment agreement.

CROSS CREEK PROGRAMS, LLC

ENROLLMENT AGREEMENT

THIS ENROLLMENT AGREEMENT, by and between CROSS CREEK PROGRAMS, LLC, a Boarding School with a therapeutic component in the State of Utah (hereinafter “the School”), and _____ and _____ (hereinafter the “Sponsors”), is made in consideration of the following mutual promises and covenants of the parties set forth in this Agreement:

1. **SPONSORS.** The Sponsors affirm that they are the legal guardian (having both legal and physical custody) of _____, (hereinafter the “student”), whose birth date is _____, 19____, and that the Sponsors expressly desire to contract for enrollment of the student in the School according to the terms of this Agreement.

2. **ENROLLMENT.** The Sponsors acknowledge that they have had the opportunity to have any of their questions answered by representatives of the School. Sponsors hereby enroll the student and upon the completion of this Agreement and acceptance by the School; the School promises under the conditions and limitations specified in this agreement, i.e. Items 1-38 to undertake and provide the following services:

- a. Academic Curriculum;
- b. Room and Board;
- c. Structured Environment;
- d. Supervision;
- e. Character Building Courses
- f. Therapy (group, individual, family)

Sponsors understand **Cross Creek Programs** are **Therapeutic Boarding Schools and Residential Treatment Centers** that provide a structured environment, therapy, and character development courses.

Sponsors understand and agree that the School will make changes in staffing, School content and services at their sole discretion. Therefore, the School does not accept responsibility for services written in sales material or brochures as such materials may be outdated or may become outdated as changes occur during the admittance period. The School also does not accept responsibility for any services represented orally by any of its **school staff, referral agencies or public relations personnel**; as any perceived oral representations can be a result of an honest misunderstanding. **It is further understood and agreed that the School only takes responsibility for the services written in this agreement under the conditions and limitations specified in Items 1-39.** The Sponsors also understand and agree that the School makes no promise in terms of outcome or results.

The Sponsors understand that Cross Creek Programs are not recommended for students that are suicidal, psychotic, violent, assaultive, diabetic, schizophrenic, borderline personality disorder, severely dyslexic, illiterate, very low IQ, serious health problems, highly depressed and/or have significant mental/emotional problems, or traumatic brain injury. The School does not provide any clinical screening for these items and it is agreed that the Sponsors are responsible to properly screen these items before placement. The Sponsors hereby release and hold harmless Cross Creek Programs for problems, liabilities, or damages that arise due to the student possessing these types of problems.

Sponsors understand and agree that the business “**Cross Creek Programs**” **has sole responsibility for the performance of this contract and the general care and well being of the student;**

therefore, the Sponsors agree to hold harmless and release from liability or damages any person or persons, agency, organization, or program that has referred the Sponsor to Cross Creek Programs. Sponsor further agrees to hold harmless and release from liability or damages any person or persons, organizations, or businesses that provide contract services to the School.

3. CONTRACT PERIOD. This agreement is for a period of **12 months** with monthly payments of Four Thousand Four Hundred and Ninety Five (\$4,495) dollars paid in advance and due each month on the same day of the month as the student was enrolled. There is also a discount of \$200 per month (for a cost of \$4,295 per month) when payments for the twelve months or more are made at the time of enrollment and the student is enrolled for the entire 12 months. If the student is not enrolled for the entire 12 months, the sponsors are obligated to give the school a ninety day notice (see section 34) and the \$200 a month discount will be forfeited.

The contract period begins _____. **The Sponsors should understand the School has best results when the student completes the School's Character Building Program.**

4. TUITION. Sponsors agree to pay upon admission to the School, a non-refundable payment which includes the first month's payment equaling thirty days in advance and a one time up-front processing fee of \$2,500.00.

Sponsors agree to pay each monthly payment of Tuition in advance and due each month on the same day of the month the student was enrolled.

Sponsors agree there is a forty dollar (\$40) Service Charge for all payments more than **three** days late. There is a one hundred dollar (\$100) Service Charge for all payments more than **six** days late, or for any returned checks.

The fee schedule remains as stated above throughout the entire course of the child's enrollment in Cross Creek Programs. Monthly payments do not adjust to the student's status in the School nor the services offered.

The monthly payments do not reflect the exact number of days the student will be or is in residence at the School in any given month. **THERE ARE NO FEE ADJUSTMENTS OR REDUCTIONS FOR ANY DAYS OR PERIODS IN WHICH THE STUDENT IS NOT PHYSICALLY PRESENT AT THE SCHOOL**, whether or not the student's absences are authorized by either the Sponsors or the School.

Sponsors hereby give representatives of the School permission to conduct a routine credit check.

5. PERSONAL INCIDENTAL COSTS AND EXPENSES. In addition to monthly tuition, the Sponsor's agree to pay for the following expenses incurred by the student; such expenses will be billed to the Sponsors monthly as they occur:

- A. Medical, dental, orthodontic, optical, urinalysis, medications, lab work, etc.
- B. Transportation to or from the School for any reason
- C. Clothing and Uniforms
- D. All phone calls from the student or the School
- E. Supervision and Transportation costs for special needs or activities that are separate from the regular School (i.e., doctor and dental appointments, travel to and from airports).

- F. Cost of services by the Psychiatrist, or Psychologist. Sponsors may elect to have the child seen additionally by the psychiatrist at \$150.00 per session. All students on medication prescribed by a psychiatrist require additional ongoing Doctor's review, which results in a cost to the Sponsors of \$75.00 for a simple medication review to \$100.00 for an involved patient understanding and motivational review every 90 days. **Parents collectively share the Doctor's transportation expenses to and from the School. Parents can elect to have a complete psychological evaluation and testing completed by the School Psychologist for \$1,500.00.**
- G. Other expenses related to the well-being or needs of the student not otherwise provided in accordance with this agreement.

6. UNUSUAL COSTS.

- a. Professional Intervention: Sponsors agree that if the staff ever feels that the student is volatile or needs professional intervention, the School has permission to have the student immediately seen by a Professional. Sponsors agree to pay the fees of the professional normally \$100.00 per session.
- b. Discharge Report: If the school so chooses, Sponsors agree to pay for a discharge report when the student leaves the school, completed by a professional normally \$100.00.
- c. Responsibility for damage to or loss of property caused by the Student: Sponsors agree to be financially responsible for the costs of repairing or replacing any property lost, stolen, damaged, defaced, or destroyed by their student that are not covered by insurance. Such costs will be billed to the Sponsors at the time such damages or loss occurs and shall be paid by the Sponsor within fifteen (15) days of receipt of the bill.
- d. Expenses for assistance in the return of a student absent without authorization. In the event that the student leaves Cross Creek Programs without authorization, Cross Creek Programs will use reasonable efforts at the request of the Sponsors to assist the Sponsors in finding the student and in obtaining their safe return. An accounting of the expenses incurred by Cross Creek Programs while assisting the Sponsors in finding and returning the student will be made to the Sponsors. **SPONSORS WILL BE RESPONSIBLE FOR SUCH EXPENSES.** Sponsors also understand and agree to be responsible for any damages to the community or its citizens caused by the child during the absence without authorization.
- e. Cost of collections, attorney fees, and interest. Sponsors agree to pay the costs of 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 all penalties plus interest (1 ½ percent per month) on all sums not paid within five (5) days after the due date.

7. SPONSORS' CONSENT TO STUDENTS PARTICIPATION IN ENTIRE SCHOOL.

Sponsors give their consent for the student to participate in all activities of the School, including, but not limited to, activities, work assignments, fitness programs, and field trips.

8. INSURANCE. The Sponsors shall provide health insurance coverage for the Student during the initial or any extended Enrollment Period. A copy of the health insurance policy must be provided to the School at least seven (7) days prior to the student's arrival at the School, and it shall be the Sponsor's responsibility to maintain the health insurance policy in full force and effect during the initial or extended enrollment period. In the event any health insurance policy is terminated for any reason or new coverage is

obtained, the Sponsors shall notify the School immediately and furnish a copy of the policy. In the event the School learns that there is no health insurance coverage of a student for any reason, the School may, but is not required to, obtain an appropriate health insurance policy at the Sponsor's expense for the student. Whether or not the School obtains a health insurance policy, the School may return the Student to the Sponsors' custody at the Sponsors expense.

9. SUPERVISION. Sponsors understand that the amount of supervision varies with each student depending on the child's current status. The School provides a high level of supervision but it is understood that the supervision provided, regardless of status, does not guarantee that accidents, injuries, self harm, fighting, acts of physical aggression, runaways, suicide attempts, sexual activity or use of alcohol, tobacco or other harmful substances cannot happen. These risks are present in any segment or society no matter how closely supervised or protected.

10. EDUCATIONAL SEMINARS AND WORKSHOPS. Cross Creek Programs provides a number of educational seminars and workshops designed for character building. The Sponsor understands and agrees that Cross Creek Programs, at its sole discretion or need, may at any time change the amount of seminars or workshops provided for the student or family. This includes changes, reductions, suspensions, or elimination or any seminars or workshops provided for the student or the family.

11. ACADEMICS. The Sponsor understands and agrees that while the School provides an Independent Study system that can allow the student to accelerate their completion of courses and academic competency; the School course completion is not awarded by time in class, but only for work completed and competency achieve. Therefore, the Sponsors understand and agree that the School cannot ensure, nor be liable, for how quickly the student will complete courses, or that the student will complete courses in any certain subjects, or that the student will complete courses on any kind of accelerated basis, or that the student will even complete any courses at all. Sponsors also understand that since Cross Creek Programs is a private school and the academic courses are part of an Independent Study program, all of the teachers/tutors working with the students may not need or have the same credentials as a public school teacher. The Sponsors further understand that any specialized or individualized tutoring, if available, may result in additional costs or charges to the Sponsor (Any such tutoring would be approved by the Sponsors in advance). Sponsors understand that the ultimate acceptance of any course work, credit or diploma is the prerogative of each individual school district, college or university. Sponsors understand and agree that the School makes no promises or guarantees concerning results, proficiencies, testing, accreditations, teacher credentials, credits, diplomas, course offerings, time in class, or teacher student ratios as these things may and do change from time to time.

12. MEDICATION. The Sponsor understands that all medication is supervised and administered by a nurse or trained staff. The Sponsors further understand, because of the difficulty and logistics involved with medications, it is possible there may be times the Student may not have access to medications for certain periods of time. The Sponsors understand that problems or mistakes are possible. For these reasons, enrollment in Cross Creek Programs is not recommended in cases where medications are paramount to the student's physical, mental, or emotional well being. Therefore the Sponsors understand these risks and agree to hold harmless and release "Cross Creek Programs" and its staff, from all liability or damages associated with medications. The Sponsors understand their student's gender and medications could be used in an independent study.

13. MEDICAL INTERVENTION. The Sponsors understand that the School staff has to make numerous decisions about when to seek medical/dental help for students ranging from small to serious ailments, injuries, or needs. The Staff try to make decisions taking into consideration a balance between added costs to the parent for medical care, and true medical need of the Student. The Sponsors therefore understand that the School Staff, like any parent, can miscalculate the timing or need of medical intervention. It is understood that the School Staff make these “judgment calls” in a good faith effort for an in behalf of the parents. Any such “judgment calls” are subject to human error, especially since many of these judgment calls would have to be made by non-medical staff. The Sponsors understand and agree that the School makes no representation and accepts no liability for the performance of any physician, dentist, clinic, or hospital to which the student is delivered for medical intervention. The Sponsors understand these risks and agree to hold harmless and release Cross Creek Programs and its staff from all liability associated with medical care.

14. UNAUTHORIZED ACTIONS OF EMPLOYEES. The Sponsors understand and agree that the School can only be responsible and/or liable for their employees to the degree that the employees operate within the scope of their employment and outlined job responsibilities. This does not relinquish the staff member from their individual liability for damages and/or prosecution for their actions outside of their constituted job duties or realm of employment. The Sponsors therefore agree to hold harmless and release to the School from all liability or damages for any actions of the School’s Staff or employees that act outside the training they have received or the scope of their constituted responsibilities or realm of their employment.

15. TRANSPORTATION. The Sponsors understand that there is some transportation and that the risk of vehicle failure and/or the risk of traffic or airline accidents are always present. Sponsors give the School permission to transport the student as determined by the School.

16. RESPONSIBILITY FOR STUDENTS PROPERTY. The Sponsors understand that anything that is sent that is not on the “Things to Bring” list will be confiscated with no guarantee of return. For this reason the School recommends that expensive or sentimental items are left at home or are at the school only at the sole risk of the student or Sponsors. Each student shall be solely responsible for the care of their property. The Sponsors agree that the School shall not be responsible or liable for loss as a result of damage, lending, misplacement, or theft of the student’s property. The Sponsor agrees that the School is not responsible or liable for items left behind on visits, leaves, or when the student exits the School

17. RESPONSIBILITY FOR INJURIES, ACCIDENTS, OR ILLNESSES. Many of the activities in which the student may participate involve some risk. There are also some inherent risks of illness, including, but not limited to, illnesses that are contagious; illnesses or health risks that are common to the geographic location, illnesses connected to food services, etc. There is also risk of acts of nature, etc.

18. STAFFING. Sponsors understand that staff are hired not necessarily by credentials but to provide supervision and carry out the structured environment designed to benefit students at Cross Creek Programs.

19. AUTHORITY TO ACT. Cross Creek Programs may perform any and all acts necessary as determined in their judgment, or the judgment of each of them severally, for

the health, welfare, and progress, of the student, 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. The School may also authorize the Student to receive urinalysis, blood tests, or other lab work as it deems appropriate.

20. AUTHORIZATION FOR SEARCH. Sponsors hereby give consent and authorize the School to search personal effects and person of each Student. The School is hereby authorized to confiscate any and all items deemed, by the School, to be contraband. The School will dispose of all contraband items. The Sponsor understands and agrees that the School will not be responsible for the care or return of confiscated items.

21. AUTHORIZATION FOR DRUG SCREENING. Sponsors hereby give consent and authorize the School to administer to the child a routine urinalysis or blood test for drugs. The Sponsors agree to pay for such expenses.

22. AUTHORIZATION FOR STRUCTURED ENVIROMENT. The Sponsors understand and authorize the School to maintain a strict code of conduct including rules on dress, hair cuts and grooming, interaction with others, language, use of manners, appropriate attitudes and actions. Consequences for Rule Violations include but are not limited to demerits, loss of privileges, and loss of status, essays, work hours, work sheets, and study hall. The Sponsors further understand and authorize the School to suspend the Student from their regular schedule and activities, including school classes, until they complete any necessary essays, worksheets, study hall time and/or other disciplinary assignments. The Sponsors also understand and authorize that all essays, worksheets and study hall time are completed in a designated area within the facility where students have minimal distractions and interaction with peers until they complete their worksheets, essays and study hall time. The Sponsors authorize the School to apply the Rules and Consequences described here-in and any other deemed by the School to be necessary.

23. AUTHORIZATION FOR REWARDS AND INCENTIVES. The Sponsors understand and authorize the School to provide rewards and incentives to motivate the students. Rewards and incentives include but are not limited to earning merits, privileges, trust, and status advancements. The Sponsors authorize the School to apply the Rewards and Incentives described here-in and any other deemed by the School to be necessary.

24. AUTHORIZATION FOR STUDENT LEADERSHIP PROGRAM. Student Leadership includes the student functioning as a Bunk Leader, Bunk Assistant, or Facility Leader. We have found these opportunities for Student Leadership to be a very effective part of the overall School. The students learn and grow as they develop leadership skills. The Sponsors hereby acknowledge that they understand and authorize the Student Leadership Program as designed by the School.

25. AUTHORIZATION FOR INTERVENTION. If the student is a safety concern to themselves or others, the Sponsors authorize the School to place the student in the Intervention Office away from the interaction of others, where he will remain under the close supervision of a staff member until such time that the staff feel the student is no longer a significant gander to himself/herself or others. The Sponsors understand that all such decisions are judgment calls and are open to human or judgment error. During the Intervention period, the Sponsors authorize the staff to take whatever safety precautions that are deemed necessary.

26. AUTHORIZATION FOR PHYSICAL INTERVENTION. Sponsors hereby give consent and authorization to the School personnel to physically intervene, control and detain the student for and including, but not limited to, the following purposes: To prevent the student from jeopardizing the safety of self or others, to prevent the flight of the student into a dangerous or unsupervised situation, to prevent the destruction of property. The Sponsor authorizes the School to use non-violent crisis intervention techniques to insure a safe, positive environment for each student.

27. LIVING ARRANGEMENTS. Students live in on-campus dormitories supervised by dorm parents. Living conditions consist of basic dorm or group living style inhabitation. Living standards are consistent with the local geographic location where the school is located which may be significantly different from the living conditions and standards at the students' home. Sponsors understand this and agree to these conditions and standards.

28. THE SCHOOL OPERATES AS AGENT FOR SPONSOR. The Sponsors hereby agree that the School and its staff operate in behalf of, and as agents for, the Sponsors. The Sponsors affirm they are the legal guardian and have physical custody of the student. Any restrictions or curtailments of the student's privileges or rights as outlined and authorized in this Enrollment Agreement, are done by the School or its staff in behalf of, with permission of, and as agents for, the Sponsors.

29. INSURANCE REIMBURSEMENTS. Unless otherwise stated in writing, Cross Creek Programs takes no responsibility for the approval or processing of insurance reimbursements, payments, or billings. The Sponsors also understand that they School is not designed for normal approval for insurance funding and that they School's paperwork and documentation do not meet the criteria that most insurance companies require for funding. Insurance approval for the School is normally only granted on an "out of policy" or "exception to policy" basis. Insurance approval is very unlikely, therefore, the Sponsors agree to maintain the fee schedule while any reimbursements or payments are being approved or processed. Sponsors agree to reimburse CROSS CREEK PROGRAMS for insurance billings at a rate of \$200.00 for each month billed.

30. PAPERWORK. Sponsors understand that the School wishes to utilize its resources in working closely with the students, rather than spending a lot of time and resources in Administrative and Bureaucratic duties. Therefore, the School keeps, maintains, and retains only minimal records and paperwork. The Sponsors understand and agree to accept whatever records and paperwork the School, in its sole discretion, deems necessary to keep, maintain or retain.

31. CHOICE OF JURISDICTION, LAW AND OTHER MATTERS. SPONSORS AGREE TO BE SUBJECT TO JURISDICTION OF THE COURTS OF THE STATE OF UTAH IN ANY DISPUTE BETWEEN THE PARTIES TO THIS AGREEMENT. The parties agree that this Agreement constitutes a business transaction and services rendered within the State of Utah. Therefore, the parties agree that the State of Utah law shall govern this Agreement. Moreover, the parties agree that all disputes and/or claims may only be filed in Utah and are under the jurisdiction of the courts of Utah. 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.

32. INDEMNIFICATION. Sponsors shall indemnify Cross Creek Programs and all of their owners, operators, managers, agents, employees, contractors, sub-contractors and consultants and hold them harmless from and against any and all legal actions or proceedings that may be instituted as a result of the student's enrollment in the School. This indemnification includes any liability, loss, costs, expenses or damages. Expenses shall include, but are not limited to all reasonable attorney fees, court costs, other legal costs, expenses or damages resulting out of any action taken by either parent and/or guardian; third party; or student, even anytime after the age of majority. All expenses shall be paid by the Sponsors.

In cases where Cross Creek Programs is the prevailing party, Sponsors shall also indemnify Cross Creek Programs and all of their owners, operators, managers, agents, employees, contractors, sub-contractors, and consultants and hold them harmless from any and all legal actions or proceedings that may be instituted by the Sponsors. This indemnification includes, but is not limited to all reasonable attorney fees, court costs, other legal costs, expenses or damages.

Sponsors have read the foregoing clause for indemnity and understand the meaning of this clause and what Indemnification means; to restore the individual of a loss, in whole or in part, by payment; to same harmless; to secure against loss or damage.

33. AGREEMENT RENEWAL. This Agreement is automatically renewed if the Student remains at the School past the enrollment period.

34. EARLY ENROLLMENT TERMINATION.

- A. Liquidation Provision. The School recognizes and affirms that since Sponsors maintain all parental authority and responsibility, Sponsors can remove the student at will. However, the Sponsors agree to the follow term:

Twelve (12) month minimum Enrollment Period. If a student leaves before the 12 months, the Sponsors agree to give the School, in care of Optimum Billing Services, a ninety (90) day written notice via certified mail prior to the actual withdrawal or to pay to the School an amount equal to ninety (90) days payment and the tuition rate as of the day of notice is received will be the same as the non-discounted trial tuition rate. The payment of ninety (90) days at the non-discounted trial tuition rate is considered by the parties to this Agreement as a reasonable pre-estimate of the probable losses which would be sustained by the School in the event of a withdrawal of the student prior to the end of the period. This "loss" amount is not considered by either of the parties to this Agreement as a penalty for early withdrawal of the student, but is intended to reimburse the School for the 12 month discounts given to the parents and the costs or budgeting commitments made by the school in connection with the enrollment of the student. This clause will be waived should the student transfer to another facility recommended by the school or Admission Company servicing this enrollment agreement.

In lieu of certified mail, Sponsors may notify the School through Optimum Billing Services through; mail, fax, email, or phone as long as Sponsor receives email verification from Optimum Billing Services that they have received the notice. Again, notice must made via certified mail to Optimum Billing Services unless the Sponsor receives email verification that Optimum Billing has received the notice. Notices must be made to: Optimum Billing Services, 50 South State Street, La Verkin, UT 84745, Fax number is 435-635-2778, E-mail address is administration@optimumbillingservices.com, Phone Number is 435-635-2390. If Optimum Billing receives a ninety (90) day notice via fax, phone call or E-mail, a representative at Optimum Billing will contact the Sponsor via E-mail to confirm the receipt of the notice. The Sponsor agrees that if they do not receive an E-mail confirming the receipt

by Optimum Billing, the Sponsor will need to contact Optimum Billing at 435-635-2390 to request another confirmation be sent. The Sponsor further agrees that failure to receive the confirmation of receipt (either by certified mail receipt or via E-mail) by Optimum Billing may result in the ninety (90) day notice not being honored by the School. It is therefore imperative that the Sponsor contact Optimum Billing if the Sponsor does not receive confirmation that the ninety (90) day notice has been received by Optimum Billing.

In cases where one parent/guardian would like to remove the student, but the other parent/guardian wants the student to remain in the School, it is agreed by all parties that the student will remain in the School and not have their progress interrupted until a proper court hearing can be held and a decision is made by the court. All parties release and hold harmless the School for its fulfillment of this agreement.

B. Involuntary Early Termination. Sponsors agree to the following terms:

- I. The School reserves the right to terminate the enrollment of any student, if at the sole discretion of the school, the student is not a suitable resident of the school. (Parents will not be obligated to the withdrawal obligations set forth in Section A Early Enrollment Termination)
- II. The School reserves the right to terminate the enrollment of any student at any time for any reason at the sole discretion of the school. (Parents will not be obligated to the withdrawal obligations set forth in Section A Early Enrollment Termination)
- III. The School reserves the right to terminate the enrollment of any student, if the parents violate school policies. (Parents will be obligated to pay the tuition for the remainder of the enrollment period or the additional ninety (90) days obligation period set forth in Section A Early Enrollment Termination)
- IV. If the monthly payment is more than five (5) days late, the school may at its option immediately return the student home. (Parents will be obligated to pay the tuition for the remainder of the enrollment period or the additional ninety (90) days obligation period set forth in Section A Early Enrollment Termination).

The Sponsors understand and agree that in the event a student's enrollment is involuntarily terminated, the School shall attempt to contact the Sponsor and shall deliver the student to the nearest form of transportation or arrange at Sponsor's expense to transport the student back to the Sponsor's address. Sponsors understand and agree they shall be responsible for the tuition for the obligated period as previously outlined in Section A Early Enrollment Termination. Sponsors understand and agree they shall be responsible for any personal incidental costs and expenses accrued.

35. TERMINATION OF ENROLLMENT ON MAJORITY. Cross Creek Programs is located in the State of Utah. The age of majority in the State of Utah is age eighteen (18). Sponsors acknowledge that the student may withdraw from the School at any time upon student's attaining the age of eighteen, without notice to or consent of Sponsors and that Cross Creek Programs has no obligation or authority to require the student to remain enrolled. Sponsors release and indemnify Cross Creek Programs from all claims, damages, causes of action, etc. in any manner relating to a student leaving the premises/school/program once the student reaches the age of eighteen and Sponsors acknowledge that Cross Creek Programs has no obligation or duty to the Sponsors or the student regarding the manner in which the student leaves, destination, method of travel, notification of parents or other persons, etc. Sponsors further acknowledge that Cross Creek Programs may terminate the enrollment of any student on or after the student's

eighteenth birthday at Cross Creek Program's sole discretion if Cross Creek Programs deems it inadvisable to keep the student enrolled in the School and that such termination may be without prior notice to either Sponsors or the student.

36. PROTECTION OF COMMUNITY IMAGE. The Sponsors understand that upon leaving the School, their child will not go to School or live within 100 miles of Cross Creek Programs, unless (1) permission is given in writing by CROSS CREEK PROGRAMS, (2) their child is 18 years of age, or (3) the child is living with parents. Sponsors agree that failure to comply with this provision would result in the Sponsors being responsible for paying CROSS CREEK PROGRAMS, the normal monthly fee for the period of time involved.

37. CONFLICT OF INTEREST. The Sponsors understand and agree under strict penalties of damages that they will not contract with any Cross Creek Programs employees or former employees for any related or even non-related services while the student is enrolled in the School or upon discharge, or for a period of one year after the student is discharged from Cross Creek Programs, without specific and written permission from the Administrator. The Sponsors also agree under the same penalties that they will not allow their child to live with or reside in the home of an employee or former employee, upon discharge, or for a period of one year after the student is discharged from Cross Creek Programs, without specific and written permission from the Administrator. Sponsors hereby agree that failure to comply with this provision would result in the Sponsors being responsible for paying Cross Creek Programs, the normal monthly tuition fee for the period of time involved.

The Sponsors understand that upon leaving the School, their child will not go to School or live within 100 miles of Cross Creek Programs for a period of one year, unless (1) permission is given in writing by the Administrator of CROSS CREEK PROGRAMS, (2) their child is 18 years of age, or (3) the child is living with parents. Sponsors agree that failure to comply with this provision would result in the Sponsors being responsible for paying CROSS CREEK PROGRAMS, the normal monthly tuition fee for the period of time involved.

38. PARTIAL INVALIDITY. If any provisions of this agreement are held to be invalid or unenforceable, all the remaining provisions shall, nevertheless, continue in full force and effect.

39. SCOPE AND MEANING OF AGREEMENT. Sponsors hereby acknowledge that they have read the entire Enrollment Agreement and that they understand and agree to its provisions. The Sponsors understand that this is a legal and binding Agreement, and that this Agreement constitutes the entire Agreement between parties. Any changes or adjustments must be written on a separate sheet and signed by both the Sponsors and the Administrator of the School to be valid. Any changes or alterations penciled in, typed or written, on this original enrollment agreement are not recognized or valid.

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

DATED this _____ day of _____, 20____.

Signature of Sponsor
(Father or Guardian)

Signature of Sponsor
(Mother or Guardian)

Address of Father/Guardian

Address of Mother/Guardian

Please Note: A completed contract requires **two signatures** (both guardians/parents). In the event the legal guardians of the student are separated or divorced both parent's signatures are required on the Enrollment Agreement, unless the Enrollment Agreement is accompanied by legal custody papers specifying who has custody. If both signatures are not on the Enrollment Agreement, or custody papers are not submitted with the Enrollment Agreement upon admission, the Enrollment Agreement will be considered incomplete and the child **will not** be admitted into the School.

FOR SCHOOL USE ONLY:

This enrollment agreement was received by _____ from
_____.

ADDENDUM #1

PAYMENT AND REFUND POLICIES

The fee schedules remains as stated above throughout the entire course of the student's enrollment in the School. Monthly payments do not adjust to the student's status in the School, nor the services offered. The monthly payments do not reflect the exact number of days the student will be or is in residence at the School in any given month. **THERE ARE NO FEE ADJUSTMENTS OR REDUCTIONS FOR PERIODS IN WHICH THE STUDENT IS NOT PHYSICALLY PRESENT AT THE SCHOOL**, whether or not the Student's absences are authorized by either the Sponsors or the School.

Credit Card Companies charge the School a 2% service charge for all payments made by credit card. Therefore, the School may at their option, collect the 2% service charge in addition to the amount of any payments made by credit card.

Personal incidental costs and expenses will be billed monthly in addition to the monthly payments stated above (see Item #5 of the Enrollment Agreement).

Sponsors hereby give representatives of the School permission to conduct a routine credit check.

Each payment must be made in advance. Payments are to be no more than six days late. A one hundred dollar (\$100) Service Charge will be applied to the account if payment is received more than five days late. Once the monthly payment becomes more than ten days late the payment will no longer be considered a cash in advance payment and the daily rate will return to one hundred seventy dollars (\$170.00) per day.

If Cross Creek Programs does not receive your remittance payment within three days after your due date, we will **overnight** a letter to you. Cross Creek Programs will also enclose a return envelope to use for your payment. A charge of \$40.00 dollars will be billed to your account to cover the cost of the overnight service. This will be far less expensive than the significant daily penalties that occur if the payment is not received within five days of the due date.

The Sponsors understand and agree that if a check is returned to Cross Creek Programs a charge of \$100.00 dollars will be billed to your account to recover our cost of special handling and return check services fees.

The Sponsors understand and agree to all of the Payment Policies. The Sponsors agree to be responsible for all penalties and service costs connected to this agreement. The Sponsors also agree to be responsible for all collection costs including attorney fees and reasonable interest should the School need to take steps to collect any amounts owed the School.

Refund Policy. Refunds will be processed 30 days after discharge to allow for all changes to be billed and funds from all payments to be made available by the payers financial institution. Once processes, refund checks will be mailed twice a month.

Refunds will be issued to a person on record. If a refund is due as a result of loan proceeds received directly from a lender, any such refund will be returned to the respective lender. In the situation where multiple payers are paying on the same account no calculations will be made by the School or its independent contractors to determine the allocable refund due each payer. If multiple payers are paying on the same account it will be the responsibility of the person on record receiving the refund to insure that the funds are appropriated correctly. All parties release and hold harmless the School and its independent contractors for their fulfillment of this agreement.

Date

SPONSORS: _____
Signature of Sponsor
(Father or Guardian)

Date

SPONSORS: _____
Signature of Sponsor
(Mother or Guardian)

ADDENDUM #1 (CONT'D)

Electronic Statements

Optimum Billing Service's has the capability to send out your monthly invoice electronically via E-mail, as opposed to the monthly statements being mailed to you each month. If you would like to sign up for this service, please list the E-mail address where you would like to receive the monthly statements:

E-mail address: _____

Please add customerservice@optimumbillingservices.com as a recognized sender on your E-mail server as this will help prevent these invoices from being sent to a junk or spam box by E-mail filters. Also please update Optimum Billing at the E-mail address above if you change your preferred E-mail or wish to start receiving paper statements through the mail. You may also contact Optimum Billing at 435-635-2390.

E-check Auto Payment Option

The school is willing to give a \$20 monthly discount off the monthly tuition rate if a sponsor enrolls with the E-check monthly tuition auto pay program. If you desire to participate, please fill out the E-check information below (i.e. routing number, account number, etc. as listed above) and initial here: _____.

E-Check Bank account information:

Name on Account:

Routing number: _____ (should be 9 digits)

Checking/Savings account number: _____

Circle whether this is a:

Checking Account

Savings Account

Should you choose this option, Optimum Billing Services, LLC will debit your account number for the monthly tuition as well as any incidentals (less the \$20 discount) on the due date. The due date will be the same date each month and will be the date that your student enrolls at Cross Creek Programs or the next business day if the due date falls on a weekend or holiday.

CROSS CREEK PROGRAMS

ENROLLMENT QUESTIONNAIRE

STUDENT'S NAME _____ **DOB** _____

Student SSN _____ Is child adopted? Yes _____ No _____

1. Father's Name _____ SSN _____

Address _____ City _____ State _____

Zip _____ Work Phone () _____ Home Phone () _____

DOB _____ Place of Birth _____

Email _____ **(Email Address is required for BBS)**

2. Mother's Name _____ SSN _____

Address _____ City _____ State _____

Zip _____ Work Phone () _____ Home Phone () _____

Maiden Name _____ DOB _____ Place of Birth _____

Email _____ **(Email Address is required for BBS)**

3. Step Father's Name _____ SSN _____

Address _____ City _____ State _____

Zip _____ Work Phone () _____ Home Phone () _____

DOB _____ Place of Birth _____ Email _____

4. Step Mother's Name _____ SSN _____

Address _____ City _____ State _____

Zip _____ Work Phone () _____ Home Phone () _____

Maiden Name _____ DOB _____ Place of Birth _____

Email Address _____ EMERGENCY PHONE # _____

Contact Person _____ Relationship _____

5. Is family divorced Yes _____ No _____ If divorced, which parent has custody?

_____ **(PLEASE ATTACH A COPY OF CUSTODY ORDER)**

6. Home Counselor _____ Phone _____

Address _____ City _____ State _____ Zip _____

If counselor is to receive progress reports, please sign this paragraph as an authorization.

Father/Guardian Signature

Mother/Guardian Signature

ACADEMIC

STUDENT INFORMATION

Student's Name _____ DOB _____

Address: _____ City _____ State _____ Zip _____

Home Phone Number: () _____ Student Lives With: _____

Place of Birth _____ Student's SSN _____

If Adopted, give date of adoption _____

Religious preference _____ Ethnic Origins _____

Age _____ Height _____ Weight _____ Hair _____ Eyes _____

Current Grade Level _____ Does Student have an IEP? Yes ☐ No ☐

Previous Schools starting with last school attended:

Name	Address	State	Zip
------	---------	-------	-----

Name	Address	State	Zip
------	---------	-------	-----

Name	Address	State	Zip
------	---------	-------	-----

Academic Performance: Behind Ahead Right on Track

If Student is behind or ahead, please explain: _____

Prior to placement at Cross Creek Programs, llc, your student was living:

_____ At home _____ with relatives _____ alone or with friends _____ private school

Date of Placement _____ Student Number _____

Office use only

Office use only

**PLEASE SEND A COPY OF STUDENTS BIRTH CERTIFICATE AND IMMUNIZATION RECORDS TO
CROSS CREEK PROGRAMS ACADEMIC DEPT: 150 NORTH STATE STREET, LA VERKIN, UTAH 84745**

ADDENDUM #2

Please rate and describe your child's past performance in the following areas

FAMILY Relates well with brothers and sisters:

<u>Very Negative</u>		<u>Negative</u>		<u>Positive</u>		<u>Very Positive</u>	
1	2	3	4	5	6	7	8

AUTHORITY Responds to parental authority:

<u>Very Negative</u>		<u>Negative</u>		<u>Positive</u>		<u>Very Positive</u>	
1	2	3	4	5	6	7	8

FRIENDS Has a variety of friends:

<u>Very Negative</u>		<u>Negative</u>		<u>Positive</u>		<u>Very Positive</u>	
1	2	3	4	5	6	7	8

SCHOOL School Attendance:

<u>Very Negative</u>		<u>Negative</u>		<u>Positive</u>		<u>Very Positive</u>	
1	2	3	4	5	6	7	8

COMMUNITY Attitude toward community involvement:

<u>Very Negative</u>		<u>Negative</u>		<u>Positive</u>		<u>Very Positive</u>	
1	2	3	4	5	6	7	8

SELF IMAGE Self image, attitudes, personal goals:

<u>Very Negative</u>		<u>Negative</u>		<u>Positive</u>		<u>Very Positive</u>	
1	2	3	4	5	6	7	8

CHURCH Church activity:

<u>Very Negative</u>		<u>Negative</u>		<u>Positive</u>		<u>Very Positive</u>	
1	2	3	4	5	6	7	8

ADDENDUM #3

FAMILY MEMBERS

Please list in chronological order all brothers, sisters, step and half brothers and sisters, living or deceased.

NAME	SEX	AGE	RELATIONSHIP	ADDRESS

List all others that have lived in your home during your child's in home residence or who are living in your home at this time.

NAME	SEX	AGE	RELATIONSHIP	ADDRESS

COMMENTS: _____

ADDENDUM #4

As we discuss issues with your child, we need to know what to expect in terms of their honesty.

Does your child have a history of misrepresenting the truth?

Yes_____ No_____

Comments/Specifics:_____

Is honesty a significant problem for your child?

Yes_____ No_____

Comments/Specifics: _____

As we discuss specific issues, such as your child's past problems, home situation, and the way they have interacted with the family, which best describes the information your child will give?

Please circle one:

1. The information my child gives would tend to be completely accurate.
2. The information my child gives could be fairly inaccurate.
3. The information my child gives might be significantly inaccurate.

Comments/Specifics: _____

Parent Signature

ADDENDUM #5

MEDICAL CARE RELEASE

We, the parents/guardians of _____ hereby authorize Cross Creek Programs, 150 North State Street, LaVerkin, Utah, 84745, to obtain medical care for the student 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 he may deem to be medically appropriate for the students well being.

We also accept financial responsibility for any such medical care emergencies.

Father/Guardian

Mother/Guardian

Date

ADDENDUM #6

REQUIREMENT TO PROVIDE HEALTH INSURANCE

Dear Sponsors:

It must be anticipated that accidents, injuries, and acute illnesses can and do happen. For the protection of the student, the parents, and the School, every student accepted for enrollment at CROSS CREEK PROGRAMS must be covered by health insurance plan provided by the parents or guardians. If your family does not currently have a health 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 School and will be maintained in the student's file.

In addition, the School 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 student's enrollment.

If you have any questions regarding the above please feel free to contact us.

The undersigned Sponsors hereby represent and warrant that their student has the following health insurance policy in full force and effect and that such health insurance policy or an equivalent policy shall be maintained at all times the student is enrolled in the School:

Father/Guardian

Mother/Guardian

INSURANCE INFORMATION

PATIENT'S FULL NAME: _____ DOB: _____

FULL NAME OF INSURED: _____ DOB: _____

ADDRESS: _____ CITY: _____ ST: _____

ZIP CODE: _____ PHONE NUMBER: _____ WORK NUMBER: _____

NAME OF INSURANCE COMPANY: _____ SSN#: _____

ADDRESS _____ CITY: _____ ST: _____

ZIP CODE: _____ PHONE NUMBER: _____

NAME OF EMPLOYER OR GROUP: _____

ADDENDUM #7

MEDICAL AND DENTAL HISTORY

CHILD'S NAME _____ DOB _____

YES NO

1	Is Child taking medications		
2	Has child been taking medications?		
3	Is child allergic to any medications?		
4	Is child allergic to any foods?		

DURING THE PAST YEAR HAS THE CHILD EXPERIENCED ANY:

5	Ear pain or hearing loss?		
6	Eye discomfort or sight loss?		
7	Frequent headaches?		
8	Dizziness or fainting spells?		
9	Hay fever or other allergies?		
10	Skin sores, rashes, or hives?		
11	Warts, moles, or swellings?		
12	Coughing or persistent indigestion?		
13	Stomach aches or persistent indigestion?		
14	Urinary burning or frequent urination?		
15	Sugar in the urine?		
16	Vaginal discharge?		
17	Painful menstruation?		
18	Venereal Disease?		
19	Tumor, cyst, growth, or cancer?		
20	Heart disease?		

-Continued-

ADDENDUM #7 (CONT'D)

HAS YOUR CHILD EVER HAD:

YES

NO

21	Deformities of any kind?		
22	Diabetes?		
23	Asthma?		
24	Arthritis?		
25	Seizures, convulsions, or epilepsy?		

HAS YOUR CHILD EVER BEEN:

26	Suicidal?		
27	Sexually abused?		
28	Physically abused?		
29	Psychologically abused?		
30	Classified as neglected by welfare?		
31	Glasses or contact lenses?		
32	Special dietary needs?		
33	Orthopedic appliances including dental braces?		

IF YOU HAVE ANSWERED "YES" TO ANY QUESTIONS FROM 1 THROUGH 33, PLEASE EXPLAIN:

Explanations if any: _____

HOSPITALIZATIONS AND SURGERIES IN THE PAST FIVE YEARS:

Date _____ Hospital _____

Address _____

Injury _____ Result _____

Date _____ Hospital _____

Address _____

Injury _____ Result _____

ADDENDUM #8

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 preclude your child from participating in sports or physical education classes?

_____Yes _____No

If yes, please explain _____

CROSS CREEK PROGRAMS

NEW STUDENT INSURANCE CHECK LIST

The following information is required to insure proper application on insurance claims.

Initial the line after the copy is made.

1. A copy of both the front and back of your insurance card. _____
2. The insurance claims address along with phone number. _____
(This is usually located on the back of insurance)
3. A copy of the claim form with your information already filled out. _____
4. Student's DOB: _____
5. Student's SSN: _____
6. Primary Cardholders' SSN: _____

Zion Drug accepts many insurances. Those that we cannot electronically bill we are happy to bill for you. You will be sent a statement each month with terms being net 30 days.

We appreciate your cooperation in providing us this information.

NOTE: Over the counter items charged by the student are not covered by insurance and are the guardian's responsibilities.

Guardian's Signature

ZION DRUG

Prescription Service

72 West 700 South, Hurricane, Utah 84737



4Care Pharmacy
109 West Gentile Street
Layton, UT 84041-3000
801.336.3043 phone
866.449.6949 fax

Prescription Purchase Agreement And Payment Authorization Form

Fax or mail this form to the above address.

Patient/Resident Name: _____

Buyer/Cardholder Name: _____

Buyer/Cardholder Address: _____

Cardholder E-Mail: _____

Cardholder Contact Phone: _____

Pay by: (Check One) Credit Card ☐ Debit Card ☐ Personal Check ☐

Credit/Debit Card Number: _____

Credit/Debit Expiration Date: _____

By my signature below I agree to the Prescription Purchase Terms and Conditions and authorize, on an ongoing basis, **Cross Creek Programs** (the Care Provider) and/or 4Care Pharmacy to debit my credit/debit card identified above for medicine and/or medical supplies, including shipping and service charges, where applicable, for each prescription provided to the Patient/Resident identified above as properly prescribed or ordered by his/her physician. **Payment of prescription copay(s) must be received by 4Care Pharmacy within 30 days of billing statement to ensure no interruption in the patient/resident's medication regimen.** I understand that my credit/debit card information will be kept securely on file by the Care Provider and that my card will be charged upon delivery of each prescription or order for amounts not covered by prescription insurance. I agree to be bound by the applicable Card Issuer Agreement in each instance. I will notify the Care Provider in writing upon revocation of my authorization or upon any change in address, e-mail, or credit/debit card expiration date. I understand that I will receive a receipt on a regular basis by mail or e-mail for each and every charge. I have read and agree to be bound to the terms of the refund policy of the Care Provider and/or 4Care Pharmacy.

Buyer/Cardholder Signature: _____ **Date Signed:** _____

Note: For PRIVATE PAY or repackaging the following charges apply:

- Repack - \$6.00
- Over-the-counter – Pharmacy Cost + \$5.00
- Prescription Drugs – Average Wholesale Price + \$5.00

We will endeavor to match other pharmacy pricing. There may be some wholesale or mail order pharmacies which we cannot match. Prices vary on a daily basis and are subject to change.

4CARE PHARMACY PRESCRIPTION PURCHASE TERMS AND CONDITIONS

4Care Pharmacy ("Seller") provides prescription medications to the patient/resident identified herein as a service pursuant to the request of and at the direction of licensed medical care provider. The prescriptions provided are not manufactured by 4Care Pharmacy.

1. **Acceptance of Terms.** By accepting a prescription from 4Care Pharmacy, Buyer accepts these terms and conditions.
2. **Payment Terms.** Buyer agrees to pay the charges for the prescriptions indicated on the invoice or bill for each prescription, plus all sales and local taxes attributed thereto. Payment of the charges is due and payable upon presentation of a statement. Any amounts not paid when due may hereafter bear a late charge at the rate of 1½ % per month, or the highest rate allowed by applicable law, whichever is lower until paid in full. If authorized by Buyer, charges will be made directly to Buyer's credit card pursuant to authorization provided herein and payment will be governed according to the card issuer agreement applicable to such charge.
3. **Warranty.** Seller provides the medications "as is", upon reliance of the manufacturer's representations and warranties and pursuant to the request of and instructions of a licensed medical care provider. Seller hereby assigns to Buyer the benefits of all warranties given by any persons from whom Seller purchased the medications.

THE FOREGOING WARRANTIES ARE EXCLUSIVE AND IN LIEU OF ALL OTHER EXPRESS OR IMPLIED WARRANTIES (EXCEPT OF TITLE) FROM SELLER INCLUDING BUT NOT LIMITED TO, IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. SELLER SHALL NOT BE SUBJECT TO AND DISCLAIMS: (1) ANY OTHER OBLIGATION OR LIABILITY ARISING OUT OF BREACH OF CONTRACT OR OF WARRANTY; (2) ANY OBLIGATION WHATSOEVER ARISING FROM TORT CLAIMS INCLUDING NEGLIGENCE AND STRICT LIABILITY OR ARISING UNDER THEORIES OF LAW WITH RESPECT TO PRODUCTS SOLD OR SERVICES RENDERED BY SELLER OR ANY UNDERTAKINGS, ACTS OR ADMISSIONS RELATED THERETO; AND (3) ALL CONSEQUENTIAL, INCIDENTAL AND CONTINGENT DAMAGES WHATSOEVER.

4. **Severability.** If a court of competent jurisdiction or arbitrator finds any term of this agreement to be invalid or unenforceable for any reason as to any person or circumstance, then the terms shall continue in effect only to the extent that it remains valid and the court's findings shall not render the term invalid or unenforceable to any other person or circumstance; and all other terms of this Agreement in all other respects shall remain valid and enforceable.
5. **Governing Law and Jurisdiction.** This Agreement shall be governed in all respect by the laws of the State of Utah, without regard to Utah choice of law provisions. The parties agree that jurisdiction over and venue in any legal proceeding arising out of or relating to this contract shall be in the state or federal courts in Salt Lake County, Utah.
6. **Entire Agreement.** These terms and conditions, and any warranties, specifications, or other terms and instructions provided with the prescription ("Agreement"), constitutes the entire Agreement between the patient/resident/and purchaser (collectively "Buyer") and 4Care Pharmacy ("Seller"), and supersedes all prior and contemporaneous oral or written agreements understanding and communications between the Buyer and Seller. Neither party shall be bound by any terms or conditions or representations **not** stated herein. No term of this Agreement shall be amended, supplemented or modified except by a writing signed by the party against whom enforcement is sought.

HURRICANE FAMILY PRACTICE - PATIENT INFORMATION SHEET

90 S. 700 W., Hurricane, Utah 84737

PATIENT - Last Name: _____ First: _____ MI: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Social Security #: _____ Birth Date: _____ Drivers Lic #: _____

Referred By: _____ Sex: ___M___F

Home Phone: _____ Work Phone: _____

Marital Status: ___Single___Married___DivorcedSeparated___Widowed___Other___

Work Status: ___Full-Time___Part-Time___Other

Spouse's Name: _____ SSN #: _____ Work Phone: _____

RESPONSIBLE PARTY G Same as above Last Name: _____ First: _____

MI: _____ Sex: ___M___F Birth Date: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

Social Security #: _____ Drivers Lic #: _____

Employers Name & Address: _____

Spouse's Name: _____ SSN #: _____ Work Phone: _____

Preferred Pharmacy: _____

PRIMARY INSURANCE

Policy Holder Information - Last Name: _____ First: _____

MI: _____ Sex: ___M___F Birth Date: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

Insurance Company: _____

Policy #: _____ Group #: _____

SECONDARY INSURANCE:

Policy Holder Information - Last Name: _____ First: _____

MI: _____ Sex: ___M___F Birth Date: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

Insurance Company: _____

Policy #: _____ Group #: _____

ALLERGIES:

HURRICANE FAMILY
PRACTICE - PATIENT
INFORMATION SHEET

AUTHORIZATION TO RELEASE INFORMATION: I/We hereby authorize Hurricane Family Practice to release any medical or incidental information that may be necessary for medical reasons, or in processing applications for financial benefits, including but not limited to Rehabilitation Services, Social Security Administration, and Workman's Compensation.

AUTHORIZATION TO PAY INSURANCE BENEFITS: I assign medical and/or surgical benefits, otherwise payable to me, from group and/or individual health insurance policies and authorize payment directly to HURRICANE FAMILY PRACTICE for professional services rendered by them. I understand I am financially responsible for charges not covered or paid by my insurance company.

CONSENT FOR TREATMENT: I/We hereby authorize M.R. Carter, M.D., G. Gregory Last, M.D., to administer such medications and immunizations and perform such diagnostic/medical/surgical procedures as may be necessary for proper health care. I am aware that any major lab work will be sent to an outside lab and I will receive an additional bill from that facility.

PAYMENT POLICY: All charges for medical care are due and payable at the time service is rendered unless prior payment arrangements have been specifically made. I authorize insurance benefits to be paid directly to Hurricane Family Practice. I/We agree to pay all attorney's fees, court costs, filing fees, including charges or commissions that may be assessed to us by any collections agency retained to pursue this matter, which may be as much as 50% of the of the principle balance owing. I/We further agree to pay interest at the rate of 1.5% per month (18% per year).

Patient's Signature: _____ **Date:** _____

(Parent or responsible party may sign if patient is a minor or unable to sign for self)

HURRICANE FAMILY PRACTICE CLINIC

General Consent for Purposes of Treatment, Payment, and Healthcare Operations

I hereby consent to the use and/or disclosure of my protected health information by HURRICANE FAMILY PRACTICE CLINIC for the purposes of Treatment, Payment, and Healthcare Operations. I understand that protected health information includes the following:

- Health records describing my health history, symptoms
- Demographic information
- Examination and test results
- Diagnosis
- Treatment
- Plans for future medical care

And that this information serves as:

- A means for communication among the many health professionals who contribute to my care
- A source of information for applying my diagnosis and treatment information to my bill
- A basis for diagnosing, and planning my care and treatments
- A means by which a third party can verify that services billed were actually provided
- A tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

I further understand that:

- 1) HURRICANE FAMILY PRACTICE CLINIC originates and maintains protected health information as part of my healthcare, including but not limited to information that may have been obtained from another healthcare provider, clearinghouse, health plan, or employer
- 2) I have the right to review HURRICANE FAMILY PRACTICE CLINIC's Notice of Privacy Practices (which describes HURRICANE FAMILY PRACTICE CLINIC's protected health information use and disclosure practices) before I sign this document
- 3) I have the right to request a restriction as to how my protected health information is used to carry out treatment, payment, or health care operations, however HURRICANE FAMILY PRACTICE CLINIC is not required to agree to the restrictions requested
- 4) I have the right to revoke this consent at any time in writing. However, it will not affect any actions taken before the revocation was received or actions taken in reliance thereon
- 5) HURRICANE FAMILY PRACTICE CLINIC reserves the right to change their Notice of Privacy Practices at any time. I have the right to obtain a copy of any revised notice upon request.

Restrictions

☐ No restrictions requested ☐ I request the following restriction(s) on the use or disclosure of my health information:

Patient Name: _____

Patient ID #: _____

Signature of Patient or Legal Representative _____

_____ Date

Printed Name of Patient's Representative (if applicable) _____

Relationship to Patient (if applicable) _____

Signature of Witness _____

_____ Date

Restriction ☐ Accepted ☐ Denied

FOR OFFICE USE ONLY

Name/Title

Signature

Date

PSYCHOLOGICAL ASSESSMENT AND TREATMENT SERVICES, INC.
KENNETH L SEELY, PH.D

We at Cross Creek Programs have noticed that when a child enters treatment, a detailed psychological evaluation is of great benefit to your child's treatment and increases likelihood of change. If an evaluation has been completed prior to admission, it should be sent with the child's records to assist treatment. If this evaluation has not been done or was not completed within the last year, we recommend that your child complete a detailed psychological evaluation. Psychological Assessment and Treatment Services is available to conduct a full evaluation at the Cross Creek Programs. This evaluation involves intellectual, achievement, and personality testing, and includes the following test measures: Wechsler Intelligence Scale (I.Q) Wechsler Individual Achievement Test –II (WIAT-II) Minnesota Multiphasic Personality Inventory (SASSI), Draw a House-Tree-Person Tests, Kinetic Family Drawing, Beck Depression Inventory, Suicide Probability Scale (SPS), Achenbach Youth Self Report, Disruptive Behavior Rating Scale, Incomplete Sentence Report, Mental Status Examination, Personal Problems Checklist, Parent Information, and a Clinical Interview. Clinical Psychology Doctoral Interns may be involved in the administration of these test measure and are supervised by Kenneth Seely, PH.D. These assessments have been extremely useful for parents, therapists, and schooling to have a good understanding of the current challenges and difficulties that your child is facing. We recommend this service due to its value in guiding the course of your child's treatment and facilitating their change. Many children have had previous evaluations from various health professionals and these are often useful in charting their history of treatment, but they often have not had the testing focus on their current needs for treatment. A current psychological evaluation will provide the necessary information to guide their current interventions and treatment.

The evaluation generated from the testing protocol generally yields a 14-18 page comprehensive evaluation of treatment findings, recommendations, and diagnoses. The evaluation also includes an individual consultation with Dr. Seely to explain test findings and recommendations. The cost of the evaluation package is \$1,500.00 and includes a total of 15 hours of service plus the individual consultation. A retainer fee of \$1,500.00 is required to begin testing, and is the out-of-pocket expense required of parents. Every effort will be made to obtain reimbursement from your insurance carrier and insurance information will be obtained through information provided to Cross Creek. Funds from the parent and insurance exceeding the cost of the evaluation will be refunded on the retainer, and the retainer fee may become the sliding scale fee depending on the insurance coverage.

Again, we highly recommend this service as a part of our treatment and if you choose to utilize these services, Dr. Seely will contact you directly. A more detailed explanation of testing will be provided along with answering of questions at this time.

Please check one of the following and sign below.

☐ YES-I would like to schedule my teen for a diagnostic psychological evaluation and am providing a check written to Dr. Kenneth Seely of the amount of \$1,500.00 to begin testing.

☐ YES-I would like Dr. Seely to contact me regarding the evaluation and to answer questions before beginning and evaluation.

☐ NO-I am not interested in having a diagnostic psychological evaluation at this time. Any previous evaluations will be provided to Cross Creek to aide treatment, and I realize that if the evaluation has not been conducted in the last year that an evaluation may need to be conducted. I realize that further discussion about a psychological evaluation may be necessary if therapist or treatment team considerations warrant the need for this information.

Parent Name (please print)

Student Name (please print)

Parent Signature

Date

Phone Number

ADDENDUM #9

RELEASE OF INFORMATION AND RECORDS

NAME: _____

I/We, the undersigned, do hereby give consent to Cross Creek Programs, to release information and records as categorized or detailed below, pertaining to the above-named student who is my child/ward.

Cross Creek Programs is hereby given authorization to release such information to whomever it has reason to believe would use such information or records in the best interest of the above-named student; otherwise such information and records are to be held confidential.

TYPE OF INFORMATION/RECORDS

SPECIFIED INFORMATION/RECORDS

Educational

Medical/Dental

Therapeutic

Psychiatric/Psychological

Date

Father/Guardian

Mother/Guardian

ADDENDUM #10

RELEASE OF INFORMATION AND RECORDS

NAME: _____

I/We, the undersigned, do hereby give consent to;

NAME: _____

ADDRESS: _____

PHONE _____

To release information and records to Cross Creek Programs as categorized or detailed below, pertaining to the above-named student who is my child/ward.

TYPE OF INFORMATION/RECORDS

SPECIFIED INFORMATION/RECORDS

Educational

Medical/Dental

Therapeutic

Psychiatric/Psychological

Date

Father/Guardian

Mother/Guardian

PLEASE SEND RECORDS TO:

**Cross Creek Programs
150 North State Street
La Verkin, Utah 84745**

ADDENDUM #11

PERMISSION TO PHOTOGRAPH

Student's Name

DOB

We authorize the School to photograph the students for identification photographs for their files.

We further authorize the School to photograph the students in order to provide informational updates for the parents and photos to be placed on School Web-sites accessible to all School parents for the purpose of School and progress updates.

OPTIONAL AUTHORIZATIONS:

I **authorize** _____/ **do not authorize** _____ the School to photograph, video tape or interview the student individually for brochures, public relations, promotional videos, or other related Marketing purposes.

Father/Guardian

Date

Mother/Guardian

Date

Student

Date

ADDENDUM #12

REQUEST FOR TRANSFER OF CONFIDENTIAL RECORDS

This form is provided for the purpose of obtaining your child's school and psychological/psychiatric records.

Name of Student: _____ Birth date: _____

I hereby authorize CROSS CREEK PROGRAMS to obtain from:

All school and psychological/psychiatric records as defined by Public Law 93-380 and other federal laws pertaining to educational records.

PLEASE SEND THE FOLLOWING INFORMATION;

- _____ 1. Transcript of credit and classes to date
- _____ 2. Withdrawal grades, including incomplete classes.
- _____ 3. Test data, health records, and counseling information.
- _____ 4. Suggested course outline
- _____ 5. Units and courses required for graduation
- _____ 6. Any of the student's records pertaining to the psychiatric or psychological evaluation of the student.
- _____ 7. Special Education/Guidance Records
- _____ 8. Other: _____

Date

Father/Guardian

Mother/Guardian

PLEASE SEND RECORDS TO:
Cross Creek Programs Academic Dept.
150 North State Street
La Verkin, Utah 84745
FAX 435-635-1099

ADDENDUM #13

COMMUNICATION AND PROGRESS UPDATES BETWEEN THE FAMILY AND THE SCHOOL

The Sponsors understand and agree that the Family Representative and the Therapist will set a regularly scheduled phone call, for the purpose of coordination of updates and progress reports. The norm for these regularly scheduled phone calls is alternated weekly between the Therapist and the Family Representative; they will establish the schedule on an individual basis, but not to be more often than once a week. Due to scheduled office hours, other previously scheduled phone calls, scheduled meetings, and other various commitments working with students, there may not be much flexibility for your Family Representative in scheduling your regularly scheduled phone calls. Sponsors understand that the Sponsors will need to call the Family Representatives at your regular scheduled time. Sponsors also understand and agree that if they are unable to call the Family Representative during the scheduled time, they will need to call at the next scheduled time.

Sponsors further understand and agree that except in cases of emergency, Family Representatives have prior scheduling commitments that do not allow them to receive or make calls in between regular scheduled phone calls; however, your Family Representative may be contacted by email, if needed, between scheduled phone calls. Any calls from the Family Representative to the parents would only be for some special purpose, and would be made on a **collect basis**. The Sponsor understands this and agrees to hold harmless and release the School of any liability or damages resulting from communication problems.

Father/Guardian Signature

Mother/Guardian Signature

Date

Initials

ADDENDUM #14

COMMUNICATION WITH STUDENTS

Sponsors understand that there is no telephone contact with the student until the student has been in the program for at least 60 days or longer.. It is very important that the Student and the Therapist and you feel it is time. During the first 60 days plus, both the Sponsor and Student may write as often as they choose but telephone calls are not allowed as they are disruptive to the students' progress and it distracts their focus in the School. Once the students have demonstrated their progress monthly telephone calls with the Sponsors become an important part of the School. This is the time we start family phone therapy between sponsors and students. **We recommend your first visit is the Parent/Child I (PCI) workshop held at the School.** You will be scheduled for a PCI shortly after you child has been in the school 6 or 7 months. Other criteria are the student must complete Focus and the Parent must complete Discovery. Upon review and approval of the School, a PCI can be scheduled earlier if both the parent and the child have completed Focus. It is also important that we set an example by adhering to the School rules ourselves. For this reason **we ask that you REFRAIN FROM REQUESTING ANY EXCEPTIONS, as it negatively affects not only your child's progress, but the other students in the School. This was agreed to as part of our accepting the student in School.** Sponsors understand and agree to follow the School's visit and communications policies. Sponsors further agree that if they violate the School's communication and visit policies the School may, at their option, discharge the student, and yet still hold the Sponsors financially accountable and responsible for the tuition on the remainder of the contract period (see Item #3) and/or the time that would equal proper written notice (see Item #33).

Father/Guardian Signature

Mother/Guardian Signature

Date

ADDENDUM #15

TELEPHONE CALL POLICY

NAME _____ DATE _____

In an effort to keep our fees as low as possible, any telephone calls made to the parents by the student or staff (Pertaining to the child's care, disposition, and education) will be made on a collect-call basis or by using a credit card call number submitted to the parents.

I/We the undersigned, do hereby give my authorization for Cross Creek Programs officials to make collect telephone call/or credit card calls to the numbers listed below, as necessary to discuss my child's care, disposition, education, or treatment.

Mother's Signature

Home phone number

Work phone number

Father's Signature

Home phone number

Work phone number

Family Therapist/Counselor

Home phone number

Work phone number

OPTION: (Select one)

 Collect Calls

 Credit Card Calls _____

(Number if this option is selected)

ADDENDUM #16

MAIL

Due to the potential harm that certain mail could cause our child or progress, we as legal guardians, (having both legal and physical custody) direct and authorize Cross Creek Programs and its staff to monitor all outgoing and incoming mail for _____
whose date of birth is _____ 19____.

It is understood that Cross Creek Programs is operating at our direction, under the authority we have as legal guardians, and as our agents in this behalf.

Date

Father/Guardian

Mother/Guardian

ADDENDUM #17

TEEN HELP

We understand that while Teen Help recommends adolescent services including schools, programs, treatment alternatives, therapists, and supervised transport services; Teen Help does not own, control, manage, nor direct any individuals or companies that provide these services. Therefore, Teen Help does not assume any liability or responsibility, implied or otherwise, for Cross Creek Programs or for your child while in the School. All liability or responsibility for any recommended services or for the care of your child is assumed entirely by the service provider, as outlined in their contract with the parents/sponsors. The Sponsors hereby agree to release and forever hold harmless Teen Help from any liability connected with any services including but not limited to schools, programs, treatment alternatives, therapists and/or supervised transport services recommended to the Parents/Sponsors.

Mother's Signature

Father's Signature

Date

ADDENDUM #18

ZERO TOLERANCE POLICY

Cross Creek Programs has a **zero tolerance policy** against acts of violence and physical aggression as well as other dangerous, severely disruptive, or extremely defiant behavior exhibited by any student. These behaviors are not tolerated at Cross Creek Programs for the following reasons:

1. Endangers students, staff, and the School
2. Distract and significantly impedes the progress of others
3. Destructive to the general environment and positive peer culture.
4. Consumes staff time and attention, cheating the other students
5. Allows negative role models for new or impressionable students.
6. Influences other students to similarly misbehave or act out.

Specifically, the following behaviors will be reviewed and may result in an immediate transfer to an appropriate alternative:

- a. Students who are physically aggressive or seriously threaten other students, staff, or property.**
- b. Students who have to be physically restrained for their own safety or the safety of others.**
- c. Students that require staff one to one intervention for longer than 8 hours or have numerous episodes requiring staff one to one intervention over a period of three days or more.**
- d. Students who leave or are intently determined to leave the facility without permission.**

Therefore, any student exhibiting these types of behaviors may be immediately expelled and transported, at the Sponsors expense to a treatment center or any other alternative placement/location chosen by the Sponsors.

Note: In the very rare case where an emergency transfer is needed and numerous attempts to contact the Sponsor have been unsuccessful, the Sponsors hereby gives Cross Creek Programs permission to approve a transport and emergency alternative placement at the Sponsors cost until such time that the Sponsor can be contacted. The Sponsors understand that Cross Creek Programs does not own, control, direct, or manage any alternative placements or the independent transport company. Therefore, Cross Creek Programs does not assume any liability or responsibility, implied or otherwise, for the alternative placement or the independent transport company. This would include the care of your child while at the alternative placement or during transportation. The Parent's/Sponsors hereby agree to release and forever hold harmless Cross Creek Programs from any liability connected with the alternative placement/location or the independent transport company. The Sponsors also hereby give the School permission to sign any necessary documents for the alternative placement or transport company in their place and stead until they can be received from the Sponsors. The Sponsor also gives permission for the alternative placement or Transport Company to obtain medical care for the student in the event of illness, injury, or other emergency.

Father/Guardian: _____ **Date:** _____

Mother/Guardian: _____ **Date:** _____

ADDENDUM #19

AUTHORITY TO ACT

Cross Creek Programs may perform any and all acts necessary as determined in their judgment, or the judgment of each of them severally, for the health, welfare, and progress, of the student, including but not limited to (decisions in your place and stead), consents for hospitalization and/or consent for medical treatment, assistance and medical aid, psychological examination and assistance, of whatever nature, including surgery of any kind.

Date

Father/Guardian

Mother/Guardian

ADDENDUM #20

YOUTH TRANSPORT COMPANIES

We strongly recommend that the Parents transport the student to the school upon initial enrollment, as well as any Inter-School/Program transfers. However, if it is not possible for the Parents to accompany the student to and/or from the school and the parents decide to utilize an independent Youth Transport Company, it is understood that while Teen Help provided a list of Youth Transport Companies to the Sponsors, that Teen Help nor the School/Program that they referred does not own, control, manage, or direct any individuals or companies that provide youth transport services. The list of Youth Transport Companies is provided to make parents aware of options for parents, and should not be construed or implied as recommendations. Parents should call several companies and make their own determination as to which Youth Transport Company would best suit their family's needs. Sponsors are also welcome to use any other youth transport service.

Therefore, neither Teen Help nor the School or Program assumes any liability or responsibility, implied or otherwise, for services provided by any youth transport company. All liability or responsibility for your child and youth transporting services provided are assumed entirely by the youth transport service provider. The Sponsors hereby agree to release and forever hold harmless Teen Help Adolescent Resources and the School/Program in which the student is to be enrolled, from any liability connected with any youth transport services.

Mother's Signature

Father's Signature

Date

ADDENDUM #21

PROBATION INFORMATION

1. Is your child on probation? Yes No
2. Who has custody? _____
3. Please check the following probation status:

- ☐ **Informal** = No court has been involved. The petition has not been filed with the court system. An agreement or contract with the minor and the probation officer if there is one assigned.
- ☐ **Formal** = Petition has been filed, minor has appeared in court in front of the judge.
- ☐ **Diversion** – A unique process, where the minor has conditions to comply to in order to prevent judicial intervention. Once all conditions have been met, then all charges probably will be dropped.

4. If this is a diversion type, please explain in detail _____

5. What County and State? _____

6. Please fill in the information for the Probation Officers:

Name _____ Address _____

Work Phone _____ Fax Phone _____

7. Please explain the procedures we need to follow when reporting to probation officers, attorneys or whomever _____

Please send all legal papers regarding legal charges, probation and custody to Cross Creek Programs, 150 North State Street, La Verkin, UT 84745. Please fill out the following page which is an “Interstate Compact Placement Request Form”. This is required by any state to transfer a minor who is on probation.

INTERSTATE COMPACT PLACEMENT REQUEST

TO:

FROM:

**ICPC 100A
PLEASE TYPE****SECTION I – IDENTIFYING DATA**

Notice is Given of Intent to Place: Name of Child:	Sex:	Date of Birth:	Ethnic Group: W=White
SS #:	Title IV-E <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending		
Name of Mother:	Name of Father:		
Name of Agency or Person Responsible for Planning for Child:			Phone:
Address:			
Name of Agency or Person Financially Responsible for Child:			Phone:
Address:			

SECTION II – PLACEMENT INFORMATION

Name of Person(s) or Facility Child is to be placed with:	Phone:
Address:	
Type of Care: <input type="checkbox"/> Institutional Care Article VI, adjudicated delinquent <input type="checkbox"/> Parent <input type="checkbox"/> Foster Home <input type="checkbox"/> Relative <input type="checkbox"/> Residential Treatment Center Relationship: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Group Home: _____ <input type="checkbox"/> Child Caring Institution: _____	<input type="checkbox"/> ADOPTION <input type="checkbox"/> To be finalized in Sending State <input type="checkbox"/> To be finalized in Receiving State <input type="checkbox"/> Subsidy / IV-E Assistance
Legal Status: <input type="checkbox"/> Sending Agency Custody/Guardianship <input type="checkbox"/> Parental Rights Terminated-Right to Place for Adoption <input type="checkbox"/> Parent Relative Custody/Guardianship <input type="checkbox"/> Unaccompanied Refugee Minor <input type="checkbox"/> Court Jurisdiction Only <input type="checkbox"/> Other: _____	

SECTION III – SERVICES REQUESTED

Initial Report (if applicable) <input type="checkbox"/> Parent Home Study <input type="checkbox"/> Relative Home Study <input type="checkbox"/> Adoptive Home Study <input type="checkbox"/> Foster Home Study	Supervisory Services <input type="checkbox"/> Request Receiving State to Arrange Supervision <input type="checkbox"/> Another Agency Agreed to Supervise <input type="checkbox"/> Sending Agency to Supervise	Supervisory Reports <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Upon Request <input type="checkbox"/> Other: _____
Name and Address of Supervising Agency in Receiving State:		
Enclosed: <input type="checkbox"/> Child's Social History <input type="checkbox"/> Court Order <input type="checkbox"/> Home Study of Placement Resource <input type="checkbox"/> IV-E Documentation <input type="checkbox"/> Financial / Medical Plan <input type="checkbox"/> Other: _____		
Signature of Sending Agency or Person:		Date:
Signature of Sending State Compact Administrator, Deputy or Alternate:		Date:

SECTION IV – ACTION BY RECEIVING STATE

<input type="checkbox"/> Placement may be made <input type="checkbox"/> Placement shall not be made	REMARKS:
Signature of Receiving State Compact Administrator, Deputy or Alternate:	
Date:	

Distribution:

- Sending Agency retains a copy and forwards completed originals plus 4 copies to:
- Sending Compact Administrator, DCA, or alternate who retains a copy and forwards completed original and 3 copies to:
- Receiving Agency Compact Administrator, DCA, or alternate who indicates action (Section IV) and forwards a copy to receiving agency and the completed original and 1 copy to sending Compact Administrator, DCA, or alternate within 30 days.
- Sending Compact Administrator, DCA, or alternate retains a completed copy and forwards the completed original to the sending agency.

R 3/6/00 SRS-100A_____
Initials

ADDENDUM #22

Things to Bring for Boys

Students will receive several sets of Uniforms upon entering the School, so there is not a need for much additional clothing.

AMOUNT OF CLOTHING TO BRING:

The recommended maximum amounts of clothing to bring are as follows:

- | | |
|---|--|
| <input type="checkbox"/> 7 underwear/boxers | <input type="checkbox"/> 1 pair athletic shoes |
| <input type="checkbox"/> 1 athletic Supporter | <input type="checkbox"/> 1 pair slippers |
| <input type="checkbox"/> 10 pairs athletic Socks | <input type="checkbox"/> 2 pair sleepwear |
| <input type="checkbox"/> 1 pair flip-flops (optional) | <input type="checkbox"/> 7 white T-Shirts |

THINGS TO BRING

- | | |
|--|--|
| <input type="checkbox"/> 3 Bath Towels (regular) | <input type="checkbox"/> *4-6 week supply of Prescribed Medicine |
| <input type="checkbox"/> 5 Wash Cloths | <input type="checkbox"/> 1 Tupperware container with lid (8"x6"x12" approx) |
| <input type="checkbox"/> Up to 2 Pillows | <input type="checkbox"/> Pictures of immediate family only (no glass frames) |
| <input type="checkbox"/> Blanket | <input type="checkbox"/> Ball Cap (no logo, optional) |
| <input type="checkbox"/> 2 Twin Sheets | <input type="checkbox"/> Sunglasses (no name brand, optional) |
| <input type="checkbox"/> 2 Twin Fitted Sheets | <input type="checkbox"/> Up to 6 self help or religious books (optional) |
| <input type="checkbox"/> 1 Twin Fitted Mattress Cover | <input type="checkbox"/> Stationary (optional) |
| <input type="checkbox"/> 2 Twin Pillow Cases | |
| <input type="checkbox"/> 1 Twin Comforter or bedspread | |
| <input type="checkbox"/> Contacts and/or glasses | |
| <input type="checkbox"/> Retainer (if applicable) | |
| <input type="checkbox"/> Rechargeable electric razor | |

THINGS NOT TO BRING

CD players, DVD players, Cell phones or iPods
Candy or Food
Razors
CD's or DVD's
No jewelry
No aftershave or cologne
No over the counter medications

No clothing
Stamps
Scissors
Chewing gum
Money or Loose Change
Nothing with Glass

PLEASE do not send items other than what is on the list, as we make no guarantee, nor are we liable for the return of such items.

VALUABLES: Items that have significant financial or sentimental value should not be brought. The contract specifically states that CROSS CREEK PROGRAMS do not accept responsibility for lost or stolen items.

CARE PACKAGES: Please do not send perishable items such as food and candy. These items interfere with the students diets, and we do not have adequate storage for them. Non perishable items make better presents as they are something that the student can keep (Books, stationary, no stamps, etc.)

*Our attending Child Psychiatrist visits the School periodically to review your child's medication. However, so that there is no lapse in the medication your child is required to take, please send a 4-6 week supply of prescribed medication to the School.

ADDENDUM #23

Things to Bring for Girls

Students will receive several sets of Uniforms upon entering the School, so there is not a need for much additional clothing.

AMOUNT OF CLOTHING TO BRING:

The recommended maximum amounts of clothing to bring are as follows:

- | | |
|--|--|
| <input type="checkbox"/> 8 underwear (no thong underwear) | <input type="checkbox"/> 2 sets of matching printed (bottoms and tops) pajamas (no spaghetti straps or sleeveless) short sleeve ok |
| <input type="checkbox"/> Up to 10 bras (no water, gel, or wonder bras. No under wire bras unless absolutely needed.) | <input type="checkbox"/> 1 or 2 pair athletic shoes |
| <input type="checkbox"/> 10 pairs socks | <input type="checkbox"/> 1 pair slippers |
| <input type="checkbox"/> 1 pair flip-flops (optional) | |

THINGS TO BRING

- | | |
|--|--|
| <input type="checkbox"/> 3 Bath Towels (regular) | <input type="checkbox"/> *4-6 week supply of Prescribed Medicine |
| <input type="checkbox"/> 5 Wash Cloths | <input type="checkbox"/> 1 Tupperware container with lid (8"x6"x12" approx) |
| <input type="checkbox"/> Up to 2 Pillows | <input type="checkbox"/> Pictures of immediate family only (no glass frames) |
| <input type="checkbox"/> Blanket | <input type="checkbox"/> Ball Cap (no logo, optional) |
| <input type="checkbox"/> 2 Twin Sheets | <input type="checkbox"/> Sunglasses (no name brand, optional) |
| <input type="checkbox"/> 2 Twin Fitted Sheets | <input type="checkbox"/> Up to 6 self help or religious books (optional) |
| <input type="checkbox"/> 1 Twin Fitted Mattress Cover | <input type="checkbox"/> Stationary (optional) |
| <input type="checkbox"/> 2 Twin Pillow Cases | |
| <input type="checkbox"/> 1 Twin Comforter or bedspread | |
| <input type="checkbox"/> Contacts and/or glasses | |
| <input type="checkbox"/> Retainer (if applicable) | |

THINGS NOT TO BRING

CD players, DVD players, Cell phones or iPods	Nail Polish/Remover
Candy or Food	No clothing
Razors	Stamps
No make up or lipstick	Scissors
CD's or DVD's	Chewing gum
Aerosol hair sprays etc	Money or Loose Change
No jewelry	Nothing with Glass
Hair dyes/colored hair mousse	

PLEASE do not send items other than what is on the list, as we make no guarantee, nor are we liable for the return of such items.

VALUABLES: Items that have significant financial or sentimental value should not be brought. The contract specifically states that CROSS CREEK PROGRAMS do not accept responsibility for lost or stolen items.

CARE PACKAGES: Please do not send perishable items such as food and candy. These items interfere with the students diets, and we do not have adequate storage for them. Non perishable items make better presents as they are something that the student can keep (Books, stationary, no stamps, etc.)

*Our attending Child Psychiatrist visits the School periodically to review your child's medication. However, so that there is no lapse in the medication your child is required to take, please send a 4-6 week supply of prescribed medication to the School.