

## ENROLLMENT AGREEMENT

This Enrollment Agreement, by and between Liahona Academy for Youth, LLC, a Utah limited liability company, located at 543 North Bluff Street, St. George, UT 84770, (hereinafter the "Academy" or "Liahona Academy"), and \_\_\_\_\_ and \_\_\_\_\_ (hereinafter "Guardians"), is made in consideration of the contractual agreements between the parties set forth which stipulates the following mutual covenants and promises:

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

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

3. **CONTRACT PERIOD.** This Agreement is for the following contractual Enrollment Period, (please check one of the periods below). After the applicable contractual period has expired, this Agreement will automatically convert to a month-to-month contract. Upon the conversion to a month-to-month contract, the Guardian will be required to provide the Academy with a 30 day cancellation notice to terminate the month-to-month contract.

\_\_\_\_\_ Six (6) month Enrollment Period – the 6 month enrollment period contains different pricing terms. Please inquire about the details.

\_\_\_\_\_ Nine (9) month Enrollment Period

\_\_\_\_\_ Twelve (12) month Enrollment Period

**IF THE BOY IS REMOVED FROM THE ACADEMY PRIOR TO THE END OF THE ELECTED ENROLLMENT PERIOD, THERE MAY BE CERTAIN PENALTIES THAT APPLY, (See Item 28.A.)**

The date of admission or start of the Enrollment Period is \_\_\_\_\_. If the Boy is admitted into the Program on any other day other than the 1<sup>st</sup> day of the month, the contract period will begin on a prorated daily rate until the 1<sup>st</sup> day of the next month. (See Financial Requirements). While the contractual Enrollment Period may be equal to or less than a twelve (12) months, the Guardians should understand that the program has best results in terms of outcome when boys are in the program for at least twelve (12) months, or more.

4. **ENROLLMENT.** The Guardians acknowledge that they have had the opportunity to have any questions or concerns they may have answered by representatives of the Academy. Guardians hereby enroll the Boy in Liahona Academy for Youth, LLC, with the effective date as stated above, and upon completion of this Agreement and acceptance by the Academy; the Academy promises provide the following services:

- a. Room and Board
- b. Academic Programs
- c. Therapy / Treatment
- d. Supervision

Guardians understand and agree that the Academy will make changes in services, staffing, and program content at their sole discretion such materials may be outdated or become outdated as changes or adjustments may occur during the admittance or enrollment period of the Boy. The Guardians understand and agree that the Academy makes no promise in terms of outcome or results. The Academy also does not accept responsibility for any services represented orally by any of its Program staff, sales representatives, or public relations personnel. Therefore, Liahona Academy does not accept responsibility for services written in sales material, pamphlets, or brochures, as such materials may be outdated or become outdated as changes or adjustments may occur during the admittance or enrollment period of the Boy.

5. **FINANCIAL REQUIREMENTS** -

The monthly tuition is **\$6,500 per month** with individual therapy sessions included.

Guardians agree to pay the Academy upon admission a one time (non-refundable) processing fee of **Two-Thousand Five Hundred Dollars (\$2,500.00)**.

- Depending on the Date of Admission, the Initial Payment will be **prorated** based on a 30 day month, regardless of the actual days within the actual calendar month, this equates to **Two Hundred Sixteen Dollars and Sixty Seven Cents, (\$216.67)**, per day

\* **Clarification:** If the Boy is admitted into the Academy on the 19<sup>th</sup> day of the May, the Guardians would pay \$216.67 times 13 (days left in the month of May) which equals to \$2,817. Guardians would then pay the full price of Six Thousand Five Hundred Dollars (\$6,500.00) for the remaining months left in the Enrollment Period.

Following the Initial Payment, Guardians agree to pay Six Thousand Five Hundred Dollars (\$6,500.00) each month for the months remaining in their Enrollment Period. The monthly payments are due and payable on the 1<sup>st</sup> (first) day of each month. Interest in the amount of **Eight Percent, (8.0%)**, per annum, will be charged on all open account balances that are more than 10 calendar days past due.

**Guardians can choose to pay their entire Enrollment Period in advance and receive a 5% prepayment discount.**

The fee schedule remains as stated in this Agreement unless authorized by the Academy through the Executive Director, even though the Boy may be in the Program less than or longer than the Enrollment Period. Monthly payments do not adjust according to the phase of treatment or the services offered. The monthly payments do not reflect the exact amount of days the Boy will be or is in residence at the Academy in any given month. **THERE ARE NO FEE ADJUSTMENTS OR REDUCTIONS FOR**

PERIODS IN WHICH THE BOY IS NOT PHYSICALLY AT THE ACADEMY, whether or not the Guardian(s) or the Academy authorizes the boy's absences.

**A. INCIDENTAL COSTS AND EXPENSES.**

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

1. Medical, dental, orthodontic, optical, urinalysis, lab work, etc.
2. Airline or other forms of commercial travel.
3. The Guardians agree to pay for a comprehensive psychiatric evaluation at \$275.00 if needed or desired by the Guardian or the Academy.
4. If deemed necessary by the Academy or requested by the Guardian, the Academy can arrange with a physician for a complete physical, including blood test.
5. Other expenses related to the well-being or needs of the Boy not otherwise provided in accordance with this agreement. Examples of this might be special school activities, vocational training, private tutoring beyond the regular Program, private music lesson, athletics, insurance billings, or other specialized training or activities outside of the regular program.

**B. UNUSUAL COSTS**

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

Cost of Collections, Attorney Fees, and Interest. Guardians agree to pay the costs of the collection of any amounts due under this agreement, including reasonable attorney's fees, whether or not legal action is commenced and in addition to pay interest (8% annual) on all sums unpaid within 10 days after the due date.

**C. INSURANCE.**

The Guardians shall provide health insurance coverage for the Boy during the initial or any extended Enrollment Period. A copy of the Health Insurance Policy must be provided to the Academy upon admission to the Academy. And it shall be the Guardians' responsibility to maintain the health insurance policy in full force and effect during the initial and extended Enrollment Period. In the event any health insurance policy is terminated for any reason and a new is obtained, the Guardians shall notify the Academy immediately and furnish a copy of the policy. In the event the Academy learns that there is no health insurance coverage of the Boy for any reason, the Academy may, but is not required to, obtain an appropriate health insurance policy at the Guardian's expense for the Boy. Whether or not the Academy obtains a health insurance policy, the Academy may return the Boy to the Guardians custody at the Guardians' expense.

6. **FAILURE TO PAY TUITION.** As indicated in Paragraph 5 (Financial Requirements), the monthly tuition of \$6,500 will be due and payable on or before the first (1<sup>st</sup>) of each calendar month. The Guardians acknowledge and agree that absent any prior written arrangements from the Academy, if the Academy has not received payment for the monthly tuition on or before the 10<sup>th</sup> day following the first of

each month, the Academy will require the Guardian to remove the Boy from the Academy at the sole expense of the Guardian. If the monthly tuition is not paid and if the Guardian's do not physically remove the Boy from the Academy as required under the terms of this paragraph, the Guardian's hereby give the authorization to the Academy to arrange for transportation of the Boy back to the address listed in this Enrollment Agreement, at the sole expense of the Guardian. Furthermore, if the Academy is forced to arrange for the transportation services of the Boy, and if the Academy is unable to make contact with the Guardians, the Guardians give the Academy authorization to contact their local authorities for the release of the Boy upon arrival at the address listed in this Enrollment Agreement.

7. **THERAPY**. The Guardian understands and agrees that the Academy, at its sole discretion or need, may at anytime change the amount or type of therapy provided for the boy. This includes changes, reductions, suspensions, or elimination of formal group or individual therapy sessions.

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

9. **ACADEMICS**. The Guardian understand and agree that the Academy provides an academic system that in most cases will allow the student to accelerate his credits for work completed and skill and aptitude achieved. Therefore the Guardians understand and agree that the Academy cannot ensure, nor be liable, for how quickly the boy will receive credits, if any at all, or that the boy will receive credits in any certain subjects.

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

11. **FAMILY COMMUNICATION AND VISITS WITH THE BOY**. The Guardians understand and agree to follow the Program's Visit and Phone Policies as follows: all communication between the family and the boy will be through written mail for at least the first three (3) months. Then when approved by the boy's Treatment Team, which includes the Therapist, Case Manager, Director, and

other staff as needed; weekly phone calls between the boy and the guardians will be orchestrated by the Case Manager and Therapist. Visits may occur when the boy has progressed in the program, but only as approved by the Treatment Team. The First few visits are conducted at the facility, unless authorization is granted by the Program Director. The Guardians understand and agree that the Academy shall be released of any liability and responsibility of the Boy while on visitations and in the custody of the Guardian(s).

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

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

14. **TRANSPORTATION.** The Guardian understands that there is a significant amount of transportation and that the risk of traffic accidents is always present. The Guardian agrees to hold harmless and release the Academy from all liability for such accidents, any injuries, or fatalities resulting there from. Guardians give the Academy permission to transport the boy as determined by the Academy.

15. **MEDICATION** The Guardian(s) understands that all medication is self administered by the boy under supervision of a non-medical staff member. The Guardians understand that because all medication is self administered, problems or mistakes can happen in spite of supervision. The Guardians agree to hold harmless and release Liahona Academy and its staff from all liability associated with medications.

16. **AUTHORIZATION FOR DRUG SCREENING** Guardians hereby give consent and authorize the Academy to administer to the Boy if needed, a routine urinalysis or blood test for drugs. If needed, the Guardians agree to pay for such expenses.

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

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

19. **AUTHORIZATION FOR BEHAVIOR MODIFICATION.** The Guardians understand that the Academy's Behavior Modification Program includes rewards and incentives for appropriate behavior; and consequences and deterrents for inappropriate behavior or rule violations. Rewards and incentives include earning points, privileges, trust, and status advancements. Consequences include loss of points, loss of privileges, loss of status, and the writing of essays (300-3,500 words in length). When a boy is given an essay, he is confined to a study carrel or other specified area away from the interaction of others, he is not allowed to participate in the normal Program until he completes the essay outlining what he did inappropriately, and what adjustments he will make in the future: This particular process may be scheduled for a certain period of time which may include day(s) depending upon the severity of the violation. The Guardians further understand and authorize the Academy to maintain a strict code of conduct including rules on dress and grooming, interaction with others, use of manners, appropriate attitudes and behaviors. The Guardians authorize the Academy to apply the behavior Modification techniques described herein and any others deemed by the Academy to be necessary.

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

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

22. **AUTHORIZATION FOR RELIGIOUS STUDY.** Guardian(s) understand and agree that Liahona Academy is a non-denominational program. The Academy believes that faith in a higher power is conducive to the Boys treatment and recovery, but the Guardians/Boys faith will not be undermined. Opportunities for boys to participate in religious services of their choice may be granted. The Guardian(s) hereby releases the Academy from any liability that may result from the Boys participation in religious services.

23. **AUTHORITY TO ACT.** LIAHONA ACADEMY 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 Boy, 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.

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

25. **INSURANCE REIMBURSEMENTS.** Unless otherwise stated in writing, and signed by both parties, the Academy takes no responsibility for the approval or processing of Insurance reimbursements, payments, or billings. The Guardian(s) agree to maintain the fee schedule while any reimbursements or payments are being processed.

26. **CHOICE OF JURISDICTION, LAW, AND OTHER MATTERS.** GUARDIANS AGREE TO BE SUBJECT TO JURISDICTION OF UTAH COURTS IN ANY DISPUTE BETWEEN THE PARTIES TO THIS AGREEMENT. The parties agree that this Agreement constitutes a business transaction within the State of Utah, which transaction is subject to the provisions of Title 78 Chapter 27, Section 24 of the Utah Code Annotated (1953) as amended. Moreover, the parties agree that Utah law shall govern this Agreement. In the event any part of this Agreement is determined to be invalid or unenforceable the remaining provisions of this Agreement shall remain valid and enforceable according to applicable law.

27. **AGREEMENT RENEWAL.** This Agreement will automatically convert to a month-to-month contract if the Boy remains in the Program past the Enrollment Agreement. At such point, the Guardian will be required to provide a 30 day cancellation notice to terminate the month-to-month obligation. The monthly tuition will also remain the same.

28. **EARLY ENROLLMENT TERMINATION.**

A. **LIQUIDATION PROVISION.** This Agreement is for the term of the Enrollment Period. However, if the Guardians desire to withdraw the Boy from the Academy, they must provide the Academy with a two (2) month written notice prior to the actual withdrawal. If the Guardians withdraw the Boy without giving a two (2) month written notice, or if the Guardians withdraw the Boy before the two (2) month notice has expired, the Guardians will be required to pay the Academy any amount equal to the remaining tuition due under the two (2) month withdrawal notice. This payment is considered by the parties of this Agreement as a reasonable pre-estimate of the probable losses, which would be sustained by the Academy in the event of a withdrawal of the Boy prior to the end of the Enrollment Period. This "loss" amount is not considered by either of the parties to this Agreement as a penalty for early withdrawal of the Boy, but is intended to reimburse the Academy for costs budgeting commitments made by the Academy in connection with the enrollment of the Boy.

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

29. **\*RELEASE OF LIABILITY FOR SUICIDE ATTEMPTS\***

The Guardians do hereby acknowledge that the Boy enrolling may have had previous suicidal tendencies but exhibits no signs or symptoms at this time and the Guardians hereby releases Liahona Academy and all employees from any liability from a suicide or suicide attempt.

Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Father or Guardian)

Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Mother or Guardian)

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

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

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

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

**GUARDIANS:**

\_\_\_\_\_  
Signature of Father/Guardian Date

\_\_\_\_\_  
Address of Father/Guardian

\_\_\_\_\_  
Signature of Mother/Guardian Date

\_\_\_\_\_  
Address of Mother/Guardian

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**Office Use Only**

\_\_\_\_\_  
Signature of Program Director Date

**(The Original Enrollment Agreement signed must be sent to the following address):**  
**Regular Mail** - Liahona Academy for Youth, LLC, 543 North Bluff Street, St. George, UT 84770  
**UPS** or **FedEx** – Liahona Academy for Youth, LLC, 543 North Bluff Street, St. George, UT 84770



**APPENDIX**

From time to time, each boy in the Program may have a need to be seen by a doctor. In most cases any medical needs can be met by a visit to the local doctor's office in Hurricane, UT. However, since the Guardians are out of the general location the doctor's office requires that the Guardian give them a deposit of \$150.00 before they will see the boy. Therefore, upon enrollment the Guardians must either arrange for payment directly with the Hurricane Family Clinic, located in Hurricane, UT or the Guardians must send a check to Liahona Academy for \$150.00 made out to: Hurricane Family Clinic. Liahona Academy will keep this check on file; if your boy never needs to see the doctor we will return the check to you at the end of his stay. If the boy ever does need to see the doctor, the check will allow him to be seen.

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

○ **OPTION #1**

Boys Name \_\_\_\_\_ DOB \_\_\_\_\_

We would like the Staff at Liahona Academy to take our boy to a doctor anytime he feels he needs to see a doctor or anytime there are any symptoms no matter how slight. We understand and agree to be financially responsible for the medical attention and for the transportation/supervision (\$30.00 per trip to Hurricane, \$40.00 per trip to St. George). We also understand that the doctor's office in Hurricane is closed in the evenings and on weekends; any medical attention would be performed at the hospital in St. George during those times.

\_\_\_\_\_  
 Father/Guardian                                      Mother/Guardian                                      Date

○ **OPTION #2**

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

\_\_\_\_\_  
 Father/Guardian                                      Mother/Guardian                                      Date

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

## REQUIREMENT TO PROVIDE HEALTH INSURANCE

Dear Guardians:

It must be anticipated that accidents, injuries, and acute illnesses can and do happen. For the protection of the Boy, the parents, and the Academy, every boy accepted for enrollment at Liahona Academy, LLC must be covered by a health insurance plan provided by his 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 Academy and will be maintained in the Boy's file.

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

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

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

\_\_\_\_\_  
Father/Guardian    Mother/Guardian

### INSURANCE INFORMATION

PATIENTS FULL NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

FULL NAME OF INSURED: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_

ZIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_ WORK #: \_\_\_\_\_

NAME INSURANCE COMPANY: \_\_\_\_\_

SS#: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

NAME OF EMPLOYER OR GROUP: \_\_\_\_\_

POLICY #: \_\_\_\_\_

GROUP #: \_\_\_\_\_

**\*\*Provide a copy of your insurance card, front and back and a signed health insurance claim forms.**

**MEDICAL & DENTAL HISTORY**

CHILD'S NAME \_\_\_\_\_ DOB: \_\_\_\_\_

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

DURING THE PAST YEAR HAS THE CHILD EXPERIENCED ANY:

- |   |     |    |
|---|-----|----|
| 5. Ear pain or hearing loss?                | YES | NO |
| 6. Eye discomfort or sight loss?            | YES | NO |
| 7. Frequent headaches?                      | YES | NO |
| 8. Dizziness or fainting spells?            | YES | NO |
| 9. Hay fever or other allergies?            | YES | NO |
| 10. Skin Sores, rashes, or hives?           | YES | NO |
| 11. Warts, moles, or swellings              | YES | NO |
| 12. Coughing or persistent indigestion?     | YES | NO |
| 13. Stomachaches or persistent indigestion? | YES | NO |
| 14. Urinary burning or frequent urination?  | YES | NO |
| 15. Sugar in the urine?                     | YES | NO |
| 16. Venereal disease?                       | YES | NO |
| 17. Tumor, cyst, growth, or cancer?         | YES | NO |
| 18. Heart disease?                          | YES | NO |

HAS YOUR CHILD EVER HAD:

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

HAS YOUR CHILD EVER BEEN:

- |   |     |    |
|---|-----|----|
| 24. Sexually abused?                          | YES | NO |
| 25. Physically abused?                        | YES | NO |
| 26. Psychologically abused?                   | YES | NO |
| 27. Classified as neglected by child welfare? | YES | NO |

DOES YOUR CHILD CURRENTLY HAVE:

- |  |     |    |
|--|-----|----|
| 28. Glasses or contact lenses                      | YES | NO |
| 29. Special Dietary needs?                         | YES | NO |
| 30. Orthopedic appliances including dental braces? | YES | NO |

**IF YOU HAVE ANSWERED "YES" TO ANY OF QUESTIONS FROM 1 THROUGH 30, PLEASE EXPLAIN ON A SEPARATE PAGE.**

HOSPITALIZATIONS AND SURGERIES IN THE PAST FIVE YEARS:

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

Address: \_\_\_\_\_

Injury: \_\_\_\_\_ Result: \_\_\_\_\_

\_\_\_\_\_

Dental Braces:

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

Monthly Orthodontist care approved by:

Parent or legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

SPORTS:

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

\_\_\_\_ YES \_\_\_\_ NO

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL CARE RELEASE**

We, the Parent(s)/Guardian(s) of \_\_\_\_\_ hereby authorize LIAHONA ACADEMY FOR YOUTH, LLC, 543 North Bluff Street, St. George, UT 84770, to obtain medical care for him in the event of an illness, injury, or other emergency.

We further authorize medical and hospital treatment by a licensed physician to perform any procedures that they may deem to be medically appropriate for his well-being. We also accept financial responsibility for any such medical care emergencies.

Father/Guardian \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

Date \_\_\_\_\_

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

**RELEASE OF INFORMATION AND RECORDS**

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

SS#: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

To release information and records to LIAHONA ACADEMY FOR YOUTH, LLC. as categorized to detailed below, pertaining to the above-named boy who is my child/ward.

**TYPE OF INFORMATION SPECIFIED INFORMATION/RECORDS**

- Educational
- Medical/Dental
- Therapeutic
- Psychiatric/Psychological

Date	Father/Guardian
	Mother/Guardian

**PLEASE SEND RECORDS TO THE ACTUAL FACILITY LOCATION:**  
**LIAHONA ACADEMY FOR YOUTH, LLC.**  
 P.O. Box 790310  
 Virgin, UT 84779

**REQUEST FOR TRANSFER OF CONFIDENTIAL RECORDS**

This form is provided by LIAHONA ACADEMY FOR YOUTH, LLC. for the purpose of obtaining your son's school and psychological/psychiatric records.

Name of Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_

I hereby authorize LIAHONA ACADEMY FOR YOUTH, LLC. 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 other records pertaining to the psychiatric or psychological evaluation of the student.
- \_\_\_\_\_ 7. Other: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Father/Guardian

\_\_\_\_\_ Mother/Guardian

**PLEASE SEND RECORDS TO:**  
LIAHONA ACADEMY FOR YOUTH, LLC.  
P.O. Box 790310  
Virgin, UT 84779

**LIAHONA ACADEMY FOR YOUTH, LLC.  
ENROLLMENT QUESTIONNAIRE**

Enrollment Information:

Is the child adopted? \_\_\_\_\_ YES \_\_\_\_\_ NO

1. Father's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_  
E-mail Address \_\_\_\_\_

2. Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_  
E-mail Address \_\_\_\_\_

3. Step Father's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_  
E-mail Address \_\_\_\_\_

4. Step Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St . \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_  
E-mail 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. Placement Counselor \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

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

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



**STUDENT INFORMATION**

1. Student's Name \_\_\_\_\_ DOB \_\_\_\_\_  
Place of Birth \_\_\_\_\_  
If Adopted, give date of adoption \_\_\_\_\_  
Religious preference \_\_\_\_\_  
Ethnic Origins \_\_\_\_\_  
Last Grade Finished \_\_\_\_\_ Student's SS# \_\_\_\_\_  
Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

2. Prior to placement at LIAHONA ACADEMY, your student was attending or had dropped out of \_\_\_\_\_ School.  
(Name of School)

3. Prior to placement at LIAHONA ACADEMY FOR YOUTH, LLC. your student was living:  
\_\_\_\_\_ at home. \_\_\_\_\_ with relatives.  
\_\_\_\_\_ alone or with friends. \_\_\_\_\_ private school.

4. Please list all prior out of home placements  
Placement \_\_\_\_\_ Date \_\_\_\_\_  
Placement \_\_\_\_\_ Date \_\_\_\_\_  
Placement \_\_\_\_\_ Date \_\_\_\_\_

5. If your student was attending class, indicate progress:  
\_\_\_\_\_ failing \_\_\_\_\_ average  
\_\_\_\_\_ below average \_\_\_\_\_ above average

6. Has your student been employed? \_\_\_\_\_ yes \_\_\_\_\_ no  
\_\_\_\_\_ part time \_\_\_\_\_ full-time

Kind of work? \_\_\_\_\_  
Job performance? \_\_\_\_\_ Poor \_\_\_\_\_ Good  
\_\_\_\_\_ Adequate \_\_\_\_\_ Excellent

**Boy's Name** \_\_\_\_\_

On a scale of 1-5, please rate and describe your child's past performance in the following areas  
PLEASE CIRCLE ONE NUMBER:

FAMILY Relates well with brothers and sisters:

<u>Negative</u>			<u>Positive</u>	
1	2	3	4	5

AUTHORITY Responds to parental authority:

<u>Negative</u>			<u>Positive</u>	
1	2	3	4	5

FRIENDS Has a variety of friends:

<u>Negative</u>			<u>Positive</u>	
1	2	3	4	5

SCHOOL Attendance:

<u>Negative</u>			<u>Positive</u>	
1	2	3	4	5

COMMUNITY Attitude toward community involvement:

<u>Negative</u>			<u>Positive</u>	
1	2	3	4	5

SELF IMAGE Self image, attitudes, personal goals:

<u>Negative</u>			<u>Positive</u>	
1	2	3	4	5

CHURCH Activity:

<u>Negative</u>			<u>Positive</u>	
1	2	3	4	5

**FAMILY MEMBERS**

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

<b>NAME</b>	<b>SEX</b>	<b>AGE</b>	<b>RELATIONSHIP</b>	<b>ADDRESS</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

<b>NAME</b>	<b>SEX</b>	<b>AGE</b>	<b>RELATIONSHIP</b>	<b>ADDRESS</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MAIL**

As legal Guardian(s), having both legal and physical custody of \_\_\_\_\_, whose date of birth is \_\_\_\_\_, \_\_\_\_\_. We direct LIAHONA ACADEMY and its staff to send all outgoing and incoming mail (except for those sent from us, or those that are approved) for \_\_\_\_\_ to us. We will take all responsibility for the mail for this directive. It is understood that LIAHONA ACADEMY is operating at our discretion in this behalf.

\_\_\_\_\_

Date

Father/Guardian

\_\_\_\_\_

Mother/Guardian

**TELEPHONE CALL POLICY**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

In an effort to keep our fees as low as possible, any telephone calls made to the parents from the designated Family Therapist/Counselor by the boy or staff (pertaining to the child's care, disposition, education, or treatment) will be made on a collect-call basis.

I/we, the undersigned, do hereby give authorization for LIAHONA ACADEMY FOR YOUTH, LLC personnel to make telephone calls to the numbers listed below, as necessary to discuss my child's care, disposition, education, or treatment.

\_\_\_\_\_  
Mother's Signature                      Home Phone #                      Work Phone #

\_\_\_\_\_  
Father's Signature                      Home Phone #                      Work Phone #

\_\_\_\_\_  
Family Therapist/Counselor                      Home Phone #                      Work Phone #

**PERMISSION TO PHOTOGRAPH**

Boy's Name \_\_\_\_\_ DOB \_\_\_\_\_

I understand that Liahona Academy's staff will be taking an identification photograph for the Academy student files. Therefore I consent for photographs to be taken of the above mentioned Boy for Liahona files and as the Academy deems necessary and appropriate, and release the Academy from any liability.

\_\_\_\_\_ Date \_\_\_\_\_  
Father/Guardian

\_\_\_\_\_ Date \_\_\_\_\_  
Mother/Guardian

**PERMISSION TO RECEIVE THERAPY AND TREATMENT**

Boy's Name \_\_\_\_\_ DOB \_\_\_\_\_

I understand that Liahona Academy will provide therapy through Personnel who are specifically contracted out to provide Therapeutic Services and give my permission to provide treatment, therapy, psychiatric evaluations, or psychiatric treatment if needed. I also give permission to treat and/or prescribe medications to my son or make changes to his current treatment.

\_\_\_\_\_ Date \_\_\_\_\_  
Father/ Guardian

\_\_\_\_\_ Date \_\_\_\_\_  
Mother/ Guardian

**THINGS TO BRING**

Conservative quantity of Clothing  
Hand towels  
Bath towels  
Washcloth  
Pillow  
Blanket  
Twin flat sheets (1)  
Twin fitted sheets (1)  
Personal necessities (soap, shampoo, stamps  
Deodorant, Toothpaste, toothbrush, etc.)  
Slip-on athletic shoes, **WITH laces**

**THINGS NOT TO BRING**

Aerosol hair sprays, etc.  
Hair dyes / colored hair mousse  
Chewing gum  
Black clothing to minimum  
Scissors  
Jewelry of any kind  
T-shirts with occult  
Combat boots  
Stereos, recorders, walkmans, CDs  
Razors  
Money or loose change  
Candy or food  
Jeans with holes

**AMOUNT OF CLOTHING TO BRING:** Please **ONLY** bring the following items:

1 Plain white T-shirt      8 pair socks  
1 pair of pants              1 pair athletic shoes, (**slip-on shoes ONLY - without laces**)  
8 underwear                  1 bathing suit  
1 lightweight jacket

**VALUABLES:**

Items that have significant financial or sentimental value should only be brought at the owner’s risk. The contract specifically states that LIAHONA ACADEMY FOR YOUTH, LLC does not accept responsibility for lost or stolen items, or items left behind after the boy is no longer in the Academy.

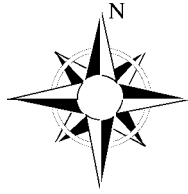
**CARE PACKAGES**

Please **do not** send perishable items such as food and candy. These items interfere with the boys’ diets and the program, and we do not have adequate storage for them. Non perishable items make better presents as they are something that the boys can keep and use (books, clothing, stationary, etc.)

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

\* Parents choosing to send their Boy’s clothing and belongings to the facility directly by **UPS** or **FedEx**, the address is:

**Liahona Academy  
1015 East. Hwy 9  
Virgin, UT 84779**



**Liahona**  
*Academy*

543 North Bluff Street  
St. George, UT 84770  
Telephone: (435) 656-2227  
Facsimile: (435) 656-2228

**AUTHORIZATION AGREEMENT FOR MONTHLY DIRECT  
PAYMENTS (ACH DEBITS)**

I hereby authorize **LIAHONA ACADEMY FOR YOUTH, LLC**, hereinafter called **LIAHONA**, to initiate DEBIT entries to my (our)  **Checking Account**/  **Savings Account** (**Select One**) indicated below at the depository financial institution named below, hereinafter called **DEPOSITORY**, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

**Depository Name** \_\_\_\_\_

**Branch** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Routing Number** \_\_\_\_\_

**Account Number** \_\_\_\_\_

This authorization is to remain in full force and effect until Liahona has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Liahona and Depository a reasonable opportunity to act on it.

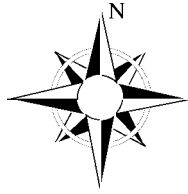
**Print Name** \_\_\_\_\_ **Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Date** \_\_\_\_\_ **Date** \_\_\_\_\_

**NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**





# Liahona *A c a d e m y*

543 North Bluff Street  
St. George, UT 84770  
Telephone: (435) 656-2227  
Facsimile: (435) 656-2228

## **AUTHORIZATION AGREEMENT FOR MONTHLY CREDIT CARD BILLING**

I hereby authorize **LIAHONA ACADEMY FOR YOUTH, LLC**, hereinafter called **LIAHONA**, to charge my credit card indicated below for the monthly tuition, any incidental fees, doctor bills, or any other charges that I am responsible for, which are stated in the Liahona Academy For Youth, LLC enrollment agreement.

**Name of Credit Card Holder** \_\_\_\_\_

**Home Phone** (\_\_\_\_) \_\_\_\_\_ **Cell Phone** (\_\_\_\_) \_\_\_\_\_

**Credit Card Billing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Credit Card Type (circle one)** AMEX DISCOVER VISA MASTERCARD

**Credit Card Number** \_\_\_\_\_

**EXPIRATION DATE** \_\_\_\_\_

This authorization is to remain in full force and effect until Liahona has received written notification from me of its termination in such time and in such manner as to afford Liahona reasonable opportunity to act on it.

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

NOTE: ALL WRITTEN CREDIT CARD AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.